

Name (Please print or type):		Certification Expiration Date:	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	State:	Zip:	Country:
Telephone: Business (    ) Home (    ) Fax (    )		E-Mail:	
Renewing Certification as a: (Circle all that apply)                      CCE              CBET              CRES              CLES .....7 <HA			
Year of Initial Certification:	Reporting Activities for the three-year period of:		

**Instructions**

1. Complete the top portion of this form. It is ***your responsibility*** to notify us if you have a change of address! Do *not* depend on the U.S. Post Office to do this via returned mail. Failure to receive an invoice (*for any reason*) does *not* relieve you of your responsibility. Renewal is based upon triennial period and deadlines *always* fall on December 31<sup>st</sup> of your triennial cycle. *It is your responsibility to notify us* if you do *not* receive a renewal invoice prior to your certification expiration date.
2. Make sure you and your supervisor have signed the Signature Page.
3. Do not submit single pages or the point totals page alone.
4. Any of these journal forms may be photocopied.
5. Submit the completed journal, invoice, and applicable fees via:

- Email: aci@aami.org
- Fax: (703) 525-1424
- Mail: ACI, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633

For your inquiries regarding the process of your certification renewal, contact us at (703) 525-4890 or send your inquiry by email to aci@aami.org.

# Renewal by Continuing Professional Practice Activities

## I. Courses

Educational activities directly related to the biomedical field that can positively affect you on a professional level may be listed in this category, such as: formal discussion groups, professional sessions, continuing education courses, etc...

<b>Types</b>	<b>For Teaching</b>	<b>For Attending</b>
a. Academic/Vocational course at a university or college*	1.5 pts/credit hr	1pt/academic hr
b. Vendor course, short course, technical course*, workshop	1 pt/day	1/2 pt/day
c. Correspondence course, teleconference, computer based course, in service, etc...	2 pts/course	1 pt/course
d. Other relevant sessions	1/2 pt/day	1/2 pt/day

\* Transcripts may be requested.

Attach continuation page if needed. (***Please use exact dates***)

	<b>Points</b>
<b>Program/Course Title:</b> _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
<b>Program/Course Title:</b> _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
<b>Program/Course Title:</b> _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
<b>Program/Course Title:</b> _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	

**Courses (continue)**

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**Program/Course Title:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ Location: \_\_\_\_\_

Check one:  Teaching  Attending Type: \_\_\_\_\_

**TOTAL CATEGORY I (maximum= 10)** \_\_\_\_\_

**II. Publications/Presentations** (*This section is for published or presented works by the certificant only relating to the biomedical field. Please see the Self Study Section for works read or studied.*)

- a. Books or monographs, patents\* (national) 5 points each
- b. Publications, book chapters 2 points each
- c. Presentations made at national & international meetings 1 point each
- d. Presentations made at local meetings or businesses 1/2 point each
- e. Articles published in journals, trade or local newsletters 1 point each
- f. Articles published on the internet 1 point each
- g. Other (claim points based on points assigned to similar activities) **Subject to Board approval**

\*Note: Patent number and summary required.

	<b>Points</b>
<b>Title of Published/Presentation Work:</b> _____ Publication/Presentation in which it appeared _____ Date _____ Type (article, editorial, column, book chapter, meeting, etc.) _____	_____
<b>Title of Published/Presentation Work:</b> _____ Publication/Presentation in which it appeared _____ Date _____ Type (article, editorial, column, book chapter, meeting, etc.) _____	_____
<b>Title of Published/Presentation Work:</b> _____ Publication/Presentation in which it appeared _____ Date _____ Type (article, editorial, column, book chapter, meeting, etc.) _____	_____
<b>Title of Published/Presentation Work:</b> _____ Publication/Presentation in which it appeared _____ Date _____ Type (article, editorial, column, book chapter, meeting, etc.) _____	_____
<b>Title of Published/Presentation Work:</b> _____ Publication/Presentation in which it appeared _____ Date _____ Type (article, editorial, column, book chapter, meeting, etc.) _____	_____
<b>TOTAL CATEGORY II (maximum = 10)</b>	_____

**III. Professional Society Participation/Memberships** (*This section is for professional societies related to the biomedical field. Please do not include activities or assignments at your place of employment such as safety committees, etc.*)

- a. Meeting attendance (international, national, regional, or local level) 1/2 point per day
- b. Committee assignments, offices held, etc. (international, national, regional, or local level) 1 point per activity per year
- c. Active memberships held in relevant professional societies 1/2 point per society per year  
 List immediate past three years (Note: ICC/USCC is **not** a membership society)

**Points**

**Title of Meeting/Committee Assignments:** \_\_\_\_\_ \_\_\_\_\_

Location of Meeting or Committee Assignments \_\_\_\_\_

Date \_\_\_\_\_ To \_\_\_\_\_

Type (Meeting/Committee Assignments) \_\_\_\_\_

**Title of Meeting/Committee Assignments:** \_\_\_\_\_ \_\_\_\_\_

Location of Meeting or Committee Assignments \_\_\_\_\_

Date \_\_\_\_\_ To \_\_\_\_\_

Type (Meeting/Committee Assignments) \_\_\_\_\_

**Title of Meeting/Committee Assignments:** \_\_\_\_\_ \_\_\_\_\_

Location of Meeting or Committee Assignments: \_\_\_\_\_

Date \_\_\_\_\_ To \_\_\_\_\_

Type (Meeting/Committee Assignments) \_\_\_\_\_

**Name of Membership:** \_\_\_\_\_ \_\_\_\_\_

Number of years over the immediate past three years \_\_\_\_\_ Membership No \_\_\_\_\_

**Name of Membership:** \_\_\_\_\_ \_\_\_\_\_

Number of years over the immediate past three years \_\_\_\_\_ Membership No \_\_\_\_\_

**Name of Membership:** \_\_\_\_\_ \_\_\_\_\_

Number of years over the immediate past three years \_\_\_\_\_ Membership No \_\_\_\_\_

**TOTAL CATEGORY III (maximum = 10)** \_\_\_\_\_

**IV. Self-Study** (*This section is for self study of sources related to the biomedical field*).

- a. Books 1 point per 20 hours
- b. Peer review 1 point per year
- c. Listening to audio tapes, watching video tapes or relevant educational programs 1 point per 10 hours
- d. Magazines and Online activities ½ point per year
- e. Other Self-Learning Activities (claim points based on points assigned for similar activities) **Subject to Board approval**

**Points**

**Title of Publication or List Serve:** \_\_\_\_\_  
Dates, Issue or Volume Number \_\_\_\_\_ Hours \_\_\_\_\_  
Type (Book, Journal, Magazine, List serve) \_\_\_\_\_

**Title of Publication or List Serve:** \_\_\_\_\_  
Date, Issue or Volume Number \_\_\_\_\_ Hours \_\_\_\_\_  
Type (Book, Journal, Magazine, etc.) \_\_\_\_\_

**Title of Publication or List Serve:** \_\_\_\_\_  
Date, Issue or Volume Number \_\_\_\_\_ Hours \_\_\_\_\_  
Type (Book, Journal, Magazine, etc.) \_\_\_\_\_

**Title of Video/Audio/Other Education Program:** \_\_\_\_\_  
Brief Description of Subject \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Activity \_\_\_\_\_ Hours \_\_\_\_\_  
Type (Video/Audio/Other Educational Programming) \_\_\_\_\_

**Title of Video/ Audio/Other Educational Program:** \_\_\_\_\_  
Brief Description of Subject \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Activity \_\_\_\_\_ Hours \_\_\_\_\_  
Type (Video/Audio/Other Educational Programs) \_\_\_\_\_

**TOTAL CATEGORY IV (maximum = 10):** \_\_\_\_\_

**V. Work Experience**

- a. Full time employment in the biomedical profession 1 point per year
- b. Part time employment in the biomedical profession 1/2 point per year
- c. Military reserve duty in the biomedical field 1/2 point per year

**Points**

**Employer** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**Employer:** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**Employer** \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Your Title \_\_\_\_\_ Hours/week \_\_\_\_\_ Dates \_\_\_\_\_

**TOTAL CATEGORY V (maximum = 4.5):**

\_\_\_\_\_

**VI. Miscellaneous & Other Activities**

Any relevant activity which provides professional enhancement that is not otherwise covered above but directly related to the biomedical field. Claim points based on points assigned to similar activities. **Subject to Board approval.**

	<b>Points</b>
<b>Description of Activity:</b> _____ _____	_____

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Description of Activity:</b> _____ _____	_____
------------------------------------------------	-------

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Description of Activity:</b> _____ _____	_____
------------------------------------------------	-------

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Description of Activity:</b> _____ _____	_____
------------------------------------------------	-------

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Description of Activity:</b> _____ _____	_____
------------------------------------------------	-------

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

**TOTALCATEGORY VI (maximum = 10):** \_\_\_\_\_

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**TOTAL POINTS ACCUMULATED (minimum = 15 points):** \_\_\_\_\_

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# Signature Page

Please note: the review of your journal will be delayed if any of the information required is missing.

## Certificant's Section:

I certify that the information contained herein is correct to the best of my knowledge.

Name of Certificant: \_\_\_\_\_  
Please Print

Signature of Certificant: \_\_\_\_\_ Date \_\_\_\_\_

## Supervisor's Section:

I have reviewed the activities listed and the documents presented with this journal.

Supervisor's Name: \_\_\_\_\_  
Please Print

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Telephone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

**Recertification Fees**

A. Recertification fees for AAMI members:

Primary Certification: CQSM, CHTM, CCE, CBET, CRES, CLES: \$100.00- -----

Additional Certifications: \$50.00- each -----

Leave of absence (retired status): \$25.00 -----

Reactivation (after February 1st of the year after expiration): \$100.00 -----

B. Recertification fees for non-members:

Primary Certification: CQSM, CHTM, CCE, CBET, CRES, CLES: \$150.00 -----

Additional Certifications: \$75.00 each -----

Leave of absence: \$25.00 -----

Reactivation (after February 1st of the year after expiration): \$100.00 -----

**Total Due:** \_\_\_\_\_

**Payment Method**

\_\_\_ Check enclosed. All payments must be made in US dollars. Make checks payable to aami

Charge my: \_\_\_ VISA \_\_\_ MC \_\_\_ AMEX

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Note: This page is provided in the event that payment is being made without an invoice.**