

ACI offers two ways to change your certification status. Please note that if your status change is approved, you cannot be actively working in the field either part time or full time.

Leave of Absence/Retired Status

Should a certificant, at any time, leave active employment in the HTM or sterilization field to pursue other interests, he/she may request a leave of absence. If the leave is granted, there is no need to submit a continuing practice journal. To retain the certification during the leave of absence, there is a recertification fee of \$25.00 for the triennial cycle.

To apply for a leave of absence, the status change request form should be sent directly to ACI, providing the name and telephone number of the last employer, so that ACI can verify status, reason for leave of absence and include the applicable recertification fees.

Should certificants wish to return to active status in the future, they need to notify ACI of their return to active employment at the time it occurs. A continuing practice journal for the last three years and regular fees need to be submitted at the time of the next regularly scheduled recertification (based on the original certification year).

Emeritus Status

The Emeritus status recognizes life-long or career-long competence in the field through continuing practice.

Qualifications for Emeritus Status:

- Retired from employment in the HTM profession, whose number of years certified, when added to their years of work experience in the HTM field, is greater or equal to 30 years; or;
- Retired from employment in the HTM field and held at least 15 years of continuous years of active certification status.

Individuals earning the Emeritus status will no longer be required to submit a continuing practice journal or recertification fee, and they will be listed in the on-line registry with an "E" after their designation (CBET-E, CHTM-E)

If you have questions about the retired or emeritus status, please contact us at aci@aami.org.

Please email this form to aci@aami.org once completed. Please allow up to two weeks for processing.

Check status: RETIRED STATUS EMERITUS STATUS

Certification(s) Held: CBET CCE CHTM CISS CLES CRES CQSM

Last Name _____ First Name _____ Middle Name _____

Home Address 1 _____ Home Address 2 _____

City _____ State _____ Zip Code _____

Country _____ Phone Number (____) _____ E-mail Address _____

Name of Last Employer _____ Name of Last Supervisor _____

Phone Number (____) _____ E-mail Address _____

Year entered the HTM field _____ Date of retirement from full time employment ____/____/____

DETAILS OF REQUEST

I certify that all information is true and correct. I understand that any misrepresentation may result in the rejection of this request and the revocation of my certification. I also understand that it is my responsibility to keep the ACI updated with my personal contact information (mailing address, phone number, etc.) and any change in my employment status, and that failure to do so could jeopardize the status of my certification(s). I release the ACI, its boards, committees, and its agents from all liability, and I hereby authorize the ACI to make any inquiries that are necessary to ascertain my eligibility for retired or emeritus status.

Signature of Applicant _____ Date _____ / _____ / _____

Payment Method

Check enclosed. All payments must be made in US dollars. Make checks payable to AAMI.

Card Type: VISA MC AMEX

Card Number: _____

Exp. Date: _____

Signature: _____

FOR ACI OFFICE USE ONLY

ID Number _____ Date Verified / Granted ____/____/____ Processor's Initials _____

Notes

