

3. QUALIFICATION DATE

Date Qualification was issued _____ Date Qualification Expires _____

4. DOCUMENTATION OF CONTINUING EDUCATION AND OTHER ACTIVITIES

The Qualifications may be revalidated by completing 10 contact hours of acceptable continuing education in the area of qualification **OR** 5 contact hours of acceptable continuing education in the area of qualification and 5 contact hours of other activities related to the qualification as described below. Continuing education and other activities must be completed **between** the date the Qualification was issued and the date the Qualification expires.

5 contact hours of other acceptable activities:

<u>ACTIVITY</u>	<u>CONTACT/CREDIT HRS</u>	<u>*DOCUMENTATION (If Audited)</u>
Employer offered courses (e.g. in-service, vendor sponsored)	1 contact hour (50-60 minutes)	Letter/certificate/signed attendance
College/university coursework	1 quarter hour = 10 contact hours 1 semester hour = 15 contact hours	Official transcript (no copies)
Research & preparation for presenting a workshop (first time only)	5 contact hours	Copy of syllabus, program or letter from organization that indicates content, length of teaching time and name of the organization
Authoring journal articles for peer-reviewed publications	5 contact hours	Copy of publication
Authoring a book -over 300 pages -less than 300 pages -chapter	21 contact hours 14 contact hours 7 contact hours	Title page of publication and table of contents containing author name
Editing a book	5 contact hours	Copy of cover or inside page Containing editor names
Presenting posters/exhibits	3 contact hours	Abstract identifying poster session, meeting program or brochure identifying presentation
Serving on an examination committee	2 contact hours/year	Letter from organization verifying participation, in what capacity and dates of service
Serving on committees/boards related to IHC (national, state, regional, local)	2 contact hours/year	Letter from organization verifying participation, in what capacity and dates of service

*If your revalidation application is selected for audit, you will be notified by mail and requested to submit documentation of all activities submitted for revalidation.

List the 10 contact hours of continuing education courses related to your qualification **or** 5 contact hours of continuing education in the area of qualification and 5 contact hours of other activities which you have completed within the five year qualification period.

Course Provider	Course Title	Number of Contact Hrs.	Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Activities	Institution/Supervisor's Name	Number of Contact Hours	Date of Completion
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. PLEDGE OF AUTHENTICITY

By submitting and signing this application, I acknowledge that this application will be reviewed and that an audit may be conducted in accordance with the rules and policies adopted by the ASCP Board of Certification. I agree to hold harmless the members, examiners, officers and agents of the ASCP Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this application, as well as any information that I submit in support of this application is true and correct to the best of my knowledge and belief. I authorize representatives of the ASCP Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this application from any person or persons having knowledge of such information. I recognize that successful revalidation is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that revalidation of qualification, if granted, may be revoked at any time if it is established that the information contained in, or supplied in support of, this application is inaccurate in any material respect, or if I misrepresent or misuse my qualification status. I understand the revalidation of qualification, if granted, is valid for a period of five years.

_____ Applicant's Signature Date

IMPORTANT INFORMATION

Requirements for Revalidation for Your Qualification

In order to revalidate your Qualification, you must have completed the requirements within the five year qualification period. If not completed within this time frame, you must reapply for the Qualification, meet the current eligibility requirements and successfully complete an online examination (i.e. if an individual received his Certificate of Qualification in June 2005, his Qualification is valid until June 2010). Ten contact hours must be completed between June 2005 and June 2010 in order to revalidate this qualification. If these hours are not completed within this specific time frame you must reapply for the Qualification.

Deadline Date

Your completed application and fee must be submitted to our office 30 days **before** the date your current Qualification expires.

Acknowledgment of Application

Upon receipt in the ASCP/Board of Certification office, your revalidation application form and fee will be acknowledged within two (2) weeks of receipt. Please allow 30 days for processing.

Audit

If your revalidation application is selected for audit, you will be notified by mail and requested to submit documentation of all activities submitted for revalidation. See above for documentation required for the audit process.

Ineligibility

If you are not determined eligible for revalidation, you will receive a written notification. Revalidation application fees are non-refundable. Be sure you have met the revalidation requirements as stated and are able to provide the appropriate documentation if audited, before submitting your revalidation application form and fee.

Address Change

If you change your address, notify the ASCP/Board of Certification Office by email to [boc@ascp.org](mailto: boc@ascp.org); fax 312.541.4845 or mail to: ASCP/Board of Certification, 33 W. Monroe Street, Suite 1600, Chicago, IL 60603

Name Change

Name changes must be accompanied by a photo copy of your marriage license or court order and mailed to: ASCP/Board of Certification, 33 W. Monroe Street, Suite 1600, Chicago, IL 60603

Name and address changes should NOT be made online through the ASCP web site.