

# CMP Declaration Form

Note: One Declaration Form must be submitted for each certification you want to revalidate.



American Society for  
Clinical Pathology  
Board of Certification

LBX 3335

## 1: Payment Category C M P

### CMP Application Fee(s)

\$75 Check/Money Order\*\*

\$15 for each Additional Certification

Additional certification(s), must have the same expiration date or be within three months of each other. Please submit a separate Declaration Form for each certification.

\$50 Reinstatement Fee

Required if your certification has expired. This fee is in addition to the \$75 CMP fee.

For detailed information on completing the CMP, please go to this link: [www.ascp.org/cmp](http://www.ascp.org/cmp)

## 2: Payment Information

Check/Money Order (Payable to ASCP Board of Certification)

\*\* You may also apply online with a Credit Card.

\$    AMOUNT SUBMITTED\* TOTAL

Please add all fees that apply.

\*Application fees are not refundable.

**Mailing Address:** Board of Certification, 3335 Eagle Way, Chicago, IL 60678-1033

CMP Declaration and application fee(s) MUST be mailed by the **United States Postal Service Regular mail only**. **DO NOT** send application(s) and fee(s) by fax, Federal Express, UPS, Express Mail, Certified or Registered Mail or any overnight courier service or any other express mail service. CMP Declaration(s) and application fee(s) using express mail service will not reach the BOC office.

Please Note: Do not send documentation with your declaration. Documentation is required only if you are notified that your declaration has been selected for audit.

## 3: Personal Information (Fill out completely. Print plainly in black ink.)

Last 4 Digits of U.S. Social Security Number (Required)

Daytime Phone Number    -    -

Mr.  Mrs.  Miss  Ms.

Home  Office

Last Name\*

First Name as it appears on your identification

Middle Initial

Maiden Name (if applicable)

Email Address

Home Address

City

State

Zip Code

-

Country (if foreign)

Birth Date

mm dd yyyy

My address has changed.

My name has changed (documentation enclosed\*).

**\*Name Change:** If your name has changed and you have not yet notified our office, please do so by sending a photo copy of your marriage license or court order by fax 312.541.4845 or mail to ASCP Board of Certification, 33 W. Monroe St., Suite 1600, Chicago, IL 60603. Recertification will not be processed until name change has been completed. You may also make a name change online by going to: [www.ascp.org/bocfeedback](http://www.ascp.org/bocfeedback) Select the topic **Change Name/Contact Information** and the subject **Name Change**. You will be prompted to login.

## 4: ASCP Certification: Please list your certification information for the category you wish to revalidate.

Required Participant  Voluntary Participant

Customer ID#

Category

Certification # (if known)

Date Certified

/

**5: Activities Description List:** Activities must be related to area of specialty and safety. *(Attach additional pages as needed.)*

Please provide the specific area of interest/specialty for each activity, e.g. blood banking, chemistry, hematology, immunology, etc.

**One (1) CMP point = One (1) Contact hour = One (1) CMLE Credit**

Activities	Area of Interest/ Specialty (Required)	Course Title	Participation Date	CMP Points/ Contact Hours
Formal continuing education courses, teleconferences, subscription or online courses where formal continuing education credits are awarded.	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Employer-offered courses, in service programs, vendor-sponsored course.	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Formal College/University coursework. Courses must be lab related (biological/chemical/medical science, management or education.) CEs should not exceed 50% of the total number of required CMP points for your category.	1. _____	_____	_____	
	2. _____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
			<b>Total Points</b>	

**6: Activities Description List:** Continued. *(Attach additional pages as needed.)*

ASCP ID # \_\_\_\_\_

For current CMP guidelines for point equivalency, please refer to this link: [www.ascp.org/cmp](http://www.ascp.org/cmp)

Activities	Institution/Supervisor's Name	Assessment Date	CMP Points
Competence assessment by employer. (2 points per year/Maximum 4 points total accepted in three year cycle)	_____	_____	
	_____	_____	
	Course Title	Presentation Date	CMP Points
Research and Preparation for presentation of workshop or course. (You may receive credit only for the first time a presentation is given.)	_____	_____	
	_____	_____	
	Name of Book, Doctoral Dissertation	Publication Date	CMP Points
Authoring a book or book chapter, doctoral dissertation.	_____	_____	
	_____	_____	
	Book Title	Publication Date	CMP Points
Editing a book.	_____	_____	
	_____	_____	
	Description of Poster/Exhibit	Presentation Date	CMP Points
Presenting posters/exhibits.	_____	_____	
	_____	_____	
	Titles	Publication Date	CMP Points
Journal articles, master thesis.	_____	_____	
	_____	_____	
	Committee Name/Organization	Dates of Service	CMP Points
Serving on examination committees, committees or boards related to the profession.	_____	_____	
	_____	_____	
	Names of Institution Inspected & Accreditation Agency	Date	CMP Points
Role of on-site inspector/paper reviewer for laboratory accreditation (JCAHO, CAP, etc.) or training program accreditation (NAACLS, CAAHEP) 2 pts/year.	_____	_____	
	_____	_____	
		<b>Total Points</b>	



# American Society for Clinical Pathology Board of Certification

**7: Pledge of Authenticity:** Please read and sign below. Any declaration received without a signature will be considered incomplete.

By submitting and signing this declaration, I acknowledge that this declaration form 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 declaration form, as well as any information that I may submit in support of this declaration form 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 declaration form from any person or persons having knowledge of such information. I recognize that successful completion of the Certification Maintenance Program is based on the correctness of the information contained in, and supplied in support of, this declaration form.

I further recognize that the certificate I may be granted, may be revoked at any time, and that I may be barred from participation in future ASCP certification and/or Certification Maintenance Programs, if it is established that the information contained in, or supplied in support of, this declaration form is inaccurate in any material respect or if it determined that I have misrepresented or misused any certification I may have or be granted.

I understand that the certificate of certification is time-limited for three years and that it must be renewed every three years for my certification to remain valid. (This statement does not apply to voluntary CMP participants who are not required to complete the CMP to maintain certification.)

I understand and agree that I will not use the ASCP certification designation or CM (in superscript) after my name if I do not maintain a valid certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete the Declaration Form, enclose the required fee by check or money order made payable to the ASCP Board of Certification and mail to:

ASCP Board of Certification  
3335 Eagle Way  
Chicago, IL 60678-1033

**FAXED DECLARATION FORMS WILL NOT BE ACCEPTED.**

**If your Declaration Form is chosen for audit, you will be notified by mail. Do not use the above Eagle Way address for Federal Express, Express Mail, certified, registered or any overnight courier service.**