## Application for Requalification of Qualifications

**3 YEAR QUALIFICATIONS** 



IMPORTANT NOTICE: Requalification Application Forms will not be accepted for the Credential Maintenance Program (CMP) for recertification. Requalification forms received for recertification will be returned to sender and monies refunded. To access the processes for recertification please log in to your ASCP account.

Step 1: Qualification Category	Credit Card Number		
QUAL Category:			
Requalification Application Fee(s)	Expiration Date / Fee Amount \$		
\$50 Check/Money Order			
\$15 for each Additional Qualification	Name of Cardholder (PLEASE PRINT)		
Additional qualification(s), must have the same expiration	Signature		
date or be within three months of each other. Please submit a separate Requalification Form for each qualification.	AMOUNT SUBMITTED* TOTAL  Please add all fees that apply.  *Application fees are not refundable.		
\$50 Reinstatement Fee			
<b>Required if your qualification has expired.</b> This fee is in addition to the \$50 requalification fee.	Mailing Address: ASCP Board of Certification, 3462 Eagle Way, Chicago, IL 60678-1034.		
For detailed information on completing the qualification requalification, please go to this link:	Faxed or emailed requalification forms will not be accepted.		
www.ascp.org/qualification	Requalification form and application fee(s) MUST be mailed by the <b>United States Postal Service Regular mail only. DO NOT</b> 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. Requalification form(s) and application fee(s) using express mail service will not reach the BOC office.		
Step 2: Payment Information			
Check/Money Order (Payable to ASCP Board of Certification)			
Credit Card: Visa Master Card AMEX	Please Note: Do not send supporting documentation with your requalification form. Documention is required only if you are notified that your form has been selected for audit.		
Step 3: Personal Information (Fill out completely. Print plainly in black ink.)	Birth Date (Required)		
Customer ID (Required)	Daytime Phone Number (Required)		
Last 4 digits of U.S. Social Security Number	Home Office Cell		
Last Name (as it appears on your identification)	First Name (as it appears on your identification) Middle		
Maiden Name (if applicable) Email Address (Required)			
Home Address			
City	State Zip Code		
Country (if foreign)			

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 official name change documentation (i.e., marriage license or court order). To submit a name change request online, go to www.ascp.org/bocfeedback, select the topic Change Name/Contact Information and the subject Name Change. You will be prompted to login. Upload your document(s) if you have them in electronic format and send them via email OR you can print a cover sheet and mail your name change document(s) to: ASCP Board of Certification, 33 W. Monroe, Suite 1600, Chicago, IL 60603 Attn: Name Change. Requalification will not be processed until name change has been completed.

## Step 4: Documentation of Continuing Education and Other Activities

Qualifications awarded OR requalification granted after 1/01/2012 must be requalified every three years by completing 6 contact hours of acceptable continuing education in the area of qualification OR 3 contact hours of acceptable continuing education in the area of qualification as described below. Continuing education and other activities must be completed between the date the Qualification was issued/reissued and the date the Qualification expires (three year period).

3 contact hours of acceptable activities:

ACTIVITY	CONTACT/CREDIT HRS	*DOCUMENTATION (If Audited)	
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 (points not to exceed 50% of total required)	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 active examination committee/qualification workgroup	3 contact hours/year	Letter from organization verifying participation, in what capacity and dates of service	
Serving on committees/ boards related to relevant field (national, state, regional, local)	2 contact hours/year	Letter from organization verifying participation, in what capacity and dates of service	

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

List the 6 contact hours of continuing education courses related to your qualification or 3 contact hours of continuing education in the area of qualification and 3 contact hours of other activities which you have completed within the three year qualification period.

Course Provider	Course Title	Number of Contact Hours	Date of Completion
Other Activities	Institution/Supervisor's Name	Number of Contact Hours	Date of Completion

## Step 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 requalification is based on the correctness of the information contained in, and supplied in support of, this application.

I further recognize that requalification 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 requalification of qualification, if granted, is valid for a period of **three years**\*. I also understand that the requalification application fee is non-refundable.

Applicant's Signature

Date

\*Qualifications requalified after 1/01/2012 must be requalified every three years.