

Application for Requalification of Qualifications

3 YEAR QUALIFICATIONS



ASCP
BOARD OF
CERTIFICATION®

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

Q U A L Category:

Requalification Application Fee(s)

\$50 Check/Money Order

\$15 for each Additional Qualification

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

\$50 Reinstatement Fee

Required if your qualification has expired. This fee is in addition to the \$50 requalification fee.

For detailed information on completing the qualification requalification, please go to this link:
www.ascp.org/qualification

Step 2: Payment Information

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

Credit Card: Visa Master Card AMEX

Credit Card Number

- - -

Expiration Date /

Fee Amount \$

Name of Cardholder (PLEASE PRINT)

Signature

\$ AMOUNT SUBMITTED* TOTAL

Please add all fees that apply.

*Application fees are not refundable.

Mailing Address: ASCP Board of Certification, 3462 Eagle Way, Chicago, IL 60678-1034.

Faxed or emailed requalification forms will not be accepted.

Requalification form 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. Requalification form(s) and application fee(s) using express mail service will not reach the BOC office.

Please Note: Do not send supporting documentation with your requalification form. Documentation 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.)

Customer ID (Required)

Last 4 digits of U.S. Social Security Number

Last Name (as it appears on your identification)

Maiden Name (if applicable)

Email Address (Required)

Home Address

City

State

Zip Code

-

Country (if foreign)

Birth Date (Required) (mm/dd/yyyy)

Daytime Phone Number (Required) - -

Home Office Cell

First Name (as it appears on your identification)

Middle Initial

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 and **3 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/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.

