



Certification Renewal Program

Continuing Practice Journal

**INTERNATIONAL CERTIFICATION COMMISSION/UNITED STATES CERTIFICATION COMMISSION
For Clinical Engineering and Biomedical Technology**

1110 N. Glebe Road, Suite 220; Arlington, VA 22201- 4795
Tel (703) 525 – 4890, ext. 207 – Fax (703) 276 – 0793
www.aami.org/certifications

Rev. 1/08



International Certification Commission
Continuing Practice Journal Form

Name (Please print or type):		Certification Expiration Date:	
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business			
City:	State:	Zip:	Country:
Telephone: Business () Home () Fax ()		E-Mail:	
Renewing Certification as a: (Circle all that apply) CCE CBET CRES CLES			
Year of Initial Certification:	Reporting Activities for the three-year period of:		

Instructions

1. Complete the top portion of this form. It is ***your responsibility*** to notify us if you have a change of address! Do *not* depend on the U.S. Post Office to do this via returned mail. Failure to receive an invoice (*for any reason*) does *not* relieve you of your responsibility. Renewal is based upon triennial period and deadlines *always* fall on December 31st of your triennial cycle. *It is your responsibility to notify us* if you do *not* receive a renewal invoice prior to your certification expiration date.
2. Make sure you and your supervisor have signed the Signature Page.
3. Do not submit single pages or the point totals page alone.
4. Any of these journal forms may be photocopied.
5. Return the journal, invoice, and applicable fees to:
 ICC/USCC, 1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795

For your inquiries regarding the process of your certification renewal, contact Iman Hannon at 703-525-4890 ext.207 or send your inquiry by email to certifications@aami.org

Renewal by Continuing Professional Practice Activities

I. Courses

Educational activities directly related to the biomedical field that can positively affect you on a professional level may be listed in this category, such as: formal discussion groups, professional sessions, continuing education courses, etc...

Types	For Teaching	For Attending
a. Academic/Vocational course at a university or college*	1.5 pts/credit hr	1pt/academic hr
b. Vendor course, short course, technical course*, workshop	1 pt/day	1/2 pt/day
c. Correspondence course, teleconference, computer based course, in service, etc...	2 pts/course	1 pt/course
d. Other relevant sessions	1/2 pt/day	1/2 pt/day

* Transcripts may be requested.

Attach continuation page if needed. (*Please use exact dates*)

	Points
Program/Course Title: _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
Program/Course Title: _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
Program/Course Title: _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	
Program/Course Title: _____	_____
Sponsor: _____	
Date: _____ To: _____ Location: _____	
Check one: <input type="checkbox"/> Teaching <input type="checkbox"/> Attending Type: _____	

Courses (continue)

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

Program/Course Title: _____

Sponsor: _____

Date: _____ To: _____ Location: _____

Check one: Teaching Attending Type: _____

TOTAL CATEGORY I (maximum= 10) _____

II. Publications/Presentations (*This section is for published or presented works by the certificant only relating to the biomedical field. Please see the Self Study Section for works read or studied.*)

- | | |
|--|----------------------------------|
| a. Books or monographs, patents* (national) | 5 points each |
| b. Publications, book chapters | 2 points each |
| c. Presentations made at national & international meetings | 1 point each |
| d. Presentations made at local meetings or businesses | 1/2 point each |
| e. Articles published in journals, trade or local newsletters | 1 point each |
| f. Articles published on the internet | 1 point each |
| g. Other (claim points based on points assigned to similar activities) | Subject to Board approval |

***Note: Patent number and summary required.**

	Points
Title of Published/Presentation Work: _____	_____
Publication/Presentation in which it appeared _____	
Date _____	
Type (article, editorial, column, book chapter, meeting, etc.) _____	
 Title of Published/Presentation Work: _____	 _____
Publication/Presentation in which it appeared _____	
Date _____	
Type (article, editorial, column, book chapter, meeting, etc.) _____	
 Title of Published/Presentation Work: _____	 _____
Publication/Presentation in which it appeared _____	
Date _____	
Type (article, editorial, column, book chapter, meeting, etc.) _____	
 Title of Published/Presentation Work: _____	 _____
Publication/Presentation in which it appeared _____	
Date _____	
Type (article, editorial, column, book chapter, meeting, etc.) _____	
TOTAL CATEGORY II (maximum = 10)	_____

III. Professional Society Participation/Memberships (*This section is for professional societies related to the biomedical field. Please do not include activities or assignments at your place of employment such as safety committees, etc.*)

- a. Meeting attendance (international, national, regional, or local level) 1/2 point per day
- b. Committee assignments, offices held, etc. (international, national, regional, or local level) 1 point per activity per year
- c. Active memberships held in relevant professional societies 1/2 point per society per year
List immediate past three years (Note: ICC/USCC is **not** a membership society)

Points

Title of Meeting/Committee Assignments: _____ _____

Location of Meeting or Committee Assignments _____

Date _____ To _____

Type (Meeting/Committee Assignments) _____

Title of Meeting/Committee Assignments: _____ _____

Location of Meeting or Committee Assignments _____

Date _____ To _____

Type (Meeting/Committee Assignments) _____

Title of Meeting/Committee Assignments: _____ _____

Location of Meeting or Committee Assignments: _____

Date _____ To _____

Type (Meeting/Committee Assignments) _____

Name of Membership: _____ _____

Number of years over the immediate past three years _____ Membership No _____

Name of Membership: _____ _____

Number of years over the immediate past three years _____ Membership No _____

Name of Membership: _____ _____

Number of years over the immediate past three years _____ Membership No _____

TOTAL CATEGORY III (maximum = 10) _____

IV. Self-Study (This section is for self study of sources related to the biomedical field).

- a. Books 1 point per 20 hours
- b. Peer review 1 point per year
- c. Listening to audio tapes, watching video tapes or relevant educational programs 1 point per 10 hours
- d. Magazines and Online activities ½ point per year
- e. Other Self-Learning Activities (claim points based on points assigned for similar activities) **Subject to Board approval**

Points

Title of Publication or List Serve: _____
Dates, Issue or Volume Number _____ Hours _____
Type (Book, Journal, Magazine, List serve) _____

Title of Publication or List Serve: _____
Date, Issue or Volume Number _____ Hours _____
Type (Book, Journal, Magazine, etc.) _____

Title of Publication or List Serve: _____
Date, Issue or Volume Number _____ Hours _____
Type (Book, Journal, Magazine, etc.) _____

Title of Video/Audio/Other Education Program: _____
Brief Description of Subject _____

Date of Activity _____ Hours _____
Type (Video/Audio/Other Educational Programming) _____

Title of Video/ Audio/Other Educational Program: _____
Brief Description of Subject _____

Date of Activity _____ Hours _____
Type (Video/Audio/Other Educational Programs) _____

TOTAL CATEGORY IV (maximum = 10): _____

V. Work Experience

- a. Full time employment in the biomedical profession 1 point per year
- b. Part time employment in the biomedical profession 1/2 point per year
- c. Military reserve duty in the biomedical field 1/2 point per year

	Points
Employer _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
Employer: _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
Employer _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
Employer _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
Employer _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
Employer _____	_____
Address _____	
Your Title _____ Hours/week _____ Dates _____	
TOTAL CATEGORY V (maximum = 4.5):	_____

VI. Miscellaneous & Other Activities

Any relevant activity which provides professional enhancement that is not otherwise covered above but directly related to the biomedical field. Claim points based on points assigned to similar activities. **Subject to Board approval.**

Description of Activity: _____ **Points** _____

Location: _____ Dates: _____ Hours: _____

Description of Activity: _____ **Points** _____

Location: _____ Dates: _____ Hours: _____

Description of Activity: _____ **Points** _____

Location: _____ Dates: _____ Hours: _____

Description of Activity: _____ **Points** _____

Location: _____ Dates: _____ Hours: _____

Description of Activity: _____ **Points** _____

Location: _____ Dates: _____ Hours: _____

TOTALCATEGORY VI (maximum = 10): _____

TOTAL POINTS ACCUMULATED (minimum =15 points): _____

Signature Page

Please note: the review of your journal will be delayed if any of the information required is missing.

Certificant's Section:

I certify that the information contained herein is correct to the best of my knowledge.

Name of Certificant: _____
Please Print

Signature of Certificant: _____ Date _____

Supervisor's Section:

I have reviewed the activities listed and the documents presented with this journal.

Supervisor's Name: _____
Please Print

Supervisor's Signature: _____ Date _____

Supervisor's Telephone: _____

Supervisor's E-mail: _____

Renewal Payment Page*

Name: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Renewal Fees

CCE Renewal	\$90	_____
CBET Renewal	\$90	_____
CRES Renewal	\$90	_____
CLES Renewal	\$90	_____
Additional Certifications**	\$15 ea.	_____
Retired Status	\$18	_____
Reactivation Fee (if more than one month late)	\$50	_____
Late Fee (if less than one month late)	\$15	_____
Total Due:		_____

**Additional certifications: If you hold more than one certification, you only need to pay the full renewal amount for one certification and \$15 for each additional certification.

Payment Method

____ Check enclosed. All payments must be made in US dollars. Make checks payable to ICC/USCC

Charge my: ____ Visa ____ MC ____ AMEX

Acct # _____

Exp. Date: _____

Signature: _____

***Note: This page is provided in the event that payment is being made without a renewal invoice. If a renewal invoice has been received, it is preferable to return it with the remittance.**

ICC/USCC use only: Journal attached?