



## ICC/USCC Renewal Program Continuing Practice Journal Form

**Sample Journal with Acceptable Entries**



|  |                     |  |                        |
|--|---------------------|--|------------------------|
| Name (Please print or type):<br><i>Desmond R. Bauer, Jr.</i>   |                     | Certification Expiration Date:<br><i>2006</i>                          |                        |
| Preferred Mailing Address:<br><input checked="" type="checkbox"/> Home<br><input type="checkbox"/> Business <i>914B Baker Street</i>                             |                     |  |                        |
| City:<br><i>Greenstone</i>   | State:<br><i>WY</i> | Zip:<br><i>00203</i>   | Country:<br><i>USA</i> |
| Telephone: Business ( )<br>Home <input checked="" type="checkbox"/> <i>(555) 312-0001</i><br>Fax <input checked="" type="checkbox"/> <i>(555) 312-0002</i>       |                     | E-Mail:<br><i>jack.bauer@stillnet.com</i>                              |                        |
| Renewing Certification as a:    CCE <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">CBET</span> CRES    CLES<br>(Circle all that apply) |                     |  |                        |
| Year of Initial Certification:<br><i>1996</i>  |                     | Reporting Activities for the three-year period of:<br><i>2004-2006</i> |                        |

*Always complete each blank. This facilitates the approval process. If you have any questions on specific dates of your certification, renewal period, or expiration, contact ICC office at 703-525-4890 ext.207; or e-mail: certifications@aami.org*

**Instructions**

1. Complete the top portion of the journal form. Do not depend on the (for any reason) does not relieve you of your responsibility. Renewal invoices always fall on December 31st of each year. If you have a change of address! Give an invoice (for any initial period and deadlines as 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 the ICC office at 703-525-4890 ext.207; or e-mail: 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...

| <b>Types</b>  | <b>For Teaching</b> | <b>For Attending</b> |
|---|---------------------|----------------------|
| 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*)

|   |                             |
|---|-----------------------------|
| <b>Program/Course Title:</b> <u>Introduction to Electronic Circuits</u>   | <b>Points</b><br><u>3.0</u> |
| Sponsor: <u>Greenstone Community College</u>  |                             |
| Date: <u>1/02/04</u> To: <u>4/06/04</u> Location: <u>Greenstone, WY</u>   |                             |
| Check one: <input type="checkbox"/> Teaching <input checked="" type="checkbox"/> Attending Type: <u>a. academic/vocati...</u> |                             |

**Rationale:** *This university course is directly related to the biomedical field.*

|   |                             |
|---|-----------------------------|
| <b>Program/Course Title:</b> <u>Soldering Basics (lab)</u>  | <b>Points</b><br><u>1.0</u> |
| Sponsor: <u>Greenstone Vo-Tech Center</u>   |                             |
| Date: <u>3/15/05</u> To: <u>4/06/05</u> Location: <u>Greenstone, WY</u>   |                             |
| Check one: <input type="checkbox"/> Teaching <input checked="" type="checkbox"/> Attending Type: <u>a. academic/vocati...</u> |                             |

**Rationale:** *This vocational course is directly related to the biomedical field.*

|  |                             |
|--|-----------------------------|
| <b>Program/Course Title:</b> <u>SIMS Level 1 Model 1000 Training</u>   | <b>Points</b><br><u>2.5</u> |
| Sponsor: <u>Smith's Medical</u>  |                             |
| Date: <u>4/01/06</u> To: <u>4/05/06</u> Location: <u>Cheyenne, WY</u>  |                             |
| Check one: <input type="checkbox"/> Teaching <input checked="" type="checkbox"/> Attending Type: <u>b. vendor course, sho...</u> |                             |

**Rationale:** *This vendor course is directly related to the biomedical field.*

**Note:** All entry dates contained within this journal fall within the 3-year renewal period.

Courses (continued)

Points

Program/Course Title: Inservice Training – Zoll Series M Defibrillator 2.0

Sponsor: Greenstone Regional Hospital

Date: 7/01/05 To: 7/01/05 Location: Greenstone, WY

Check one: :  Teaching  Attending Type: c. correspondence co...

**Rationale:** *This inservice is directly related to the biomedical field.*

Program/Course Title: Leadership Techniques in Supervisory Roles 1.0

Sponsor: Sunrise Learning Center

Date: 6/27/05 To: 6/27/05 Location: Greenstone, WY

Check one: :  Teaching  Attending Type: c. correspondence co...

**Rationale:** *This teleconference is directly related to the biomedical field.*

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: \_\_\_\_\_

Each category has a maximum value. If you reach the maximum and have more entries, document these as well.

A single incorrect entry (or one that is not allowed) can reduce your overall point total below the required for renewal.

**TOTAL CATEGORY I (maximum=10)** 9.5

**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) | <b>Subject to Board approval</b> |

\*Note: Patent number and summary required.

|   | <b>Points</b> |
|---|---------------|
| <b>Title of Published/Presentation Work:</b> <u>Designed knee immobilizer for imaging lab</u> | <u>5.0</u>    |

Publication/Presentation in which it appeared: Patent # 7,006,954

Date: 6/17/06

Type (article, editorial, column, book chapter, meeting, etc.): a. Book or monograph, p...

**Rationale:** *Patent awarded and summary provided.*

|  |            |
|--|------------|
| <b>Title of Published/Presentation Work:</b> <u>Chapter 3: Transducers</u> | <u>2.0</u> |
|--|------------|

Publication/Presentation in which it appeared: Electronic Applications in Medicine

Date: Copyright 2006

Type (article, editorial, column, book chapter, meeting, etc.): b. Publications, book cha...

**Rationale:** *This book chapter is directly related to the biomedical field.*

|   |            |
|---|------------|
| <b>Title of Published/Presentation Work:</b> <u>Biomed's Role: Evaluating Clinical Alarms</u> | <u>1.0</u> |
|---|------------|

Publication/Presentation in which it appeared: 2004 AAMI Conference & Expo

Date: 6/6/04

Type (article, editorial, column, book chapter, meeting, etc.): c. Presentations made at...

**Rationale:** *This presentation is directly related to the biomedical field.*

|   |            |
|---|------------|
| <b>Title of Published/Presentation Work:</b> <u>Alternative PM Strategies</u> | <u>0.5</u> |
|---|------------|

Publication/Presentation in which it appeared: Wyoming Biomedical Society

Date: 1/8/06

Type (article, editorial, column, book chapter, meeting, etc.): c. Presentations made at...

**Rationale:** *This presentation is directly related to the biomedical field.*

|   |            |
|---|------------|
| <b>TOTAL CATEGORY II (maximum = 10)</b> | <u>8.5</u> |
|---|------------|

**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:** AAMI Annual Conference & Expo 1.5

Location of Meeting or Committee Assignments: Washington D.C.

Date: 6/24/06 To: 6/26/06

Type (Meeting/Committee Assignments.): a. Meeting attendance (international, na...

**Rationale:** *This meeting is directly related to the biomedical field.*

**Title of Meeting/Committee Assignments:** Treasurer, Wyoming Biomedical Society 1.0

Location of Meeting or Committee Assignments: Cheyenne, WY

Date: 1/01/06 To: 12/31/06

Type (Meeting/Committee Assignments.): b. Committee assignments, offices held...

**Rationale:** *This committee is directly related to the biomedical field.*

**Note:** All entry dates contained within this journal fall within the 3-year renewal period.

Points: \_\_\_\_\_

Assignments: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_

Type (Meeting/Committee Assignments.): \_\_\_\_\_

**Name of Membership:** Wyoming Biomedical Society 1.5

Number of years over the immediate past three years: 3 Membership No: 451

**Rationale:** *This membership is directly related to the biomedical field.*

**TOTAL CATEGORY III (maximum = 10)** 4.0

**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:** Biomedical Equipment and Technology 2.0

Dates, Issue or Volume Number: Copyright 1992 Hours: 40

Type (Book, Journal, Magazine, List serve): a. Books

**Rationale:** *This book directly related to the biomedical field.*

**Title of Publication or List serve:** Peer Review for Biomedical Research Project 1.0

Dates, Issue or Volume Number: 2005 Hours: \_\_\_\_\_

Type (Book, Journal, Magazine, List serve): b. Peer review

**Rationale:** *This entry is a peer review (an evaluation of creative work or performance by other people in the same field. Peer review utilizes the independence, and in some cases the anonymity, of the reviewers in order to obtain an unbiased evaluation).*

**Title of Publication or List serve:** Medtronic Lifepak 500 Video 0.5

Dates, Issue or Volume Number: 6/27/05 Hours: 5

Type (Book, Journal, Magazine, List serve): c. Listening to audio tapes, watching...

**Rationale:** *This video directly related to the biomedical field.*

**Title of Publication or List serve:** 24 x 7 Magazine 3.0

Dates, Issue or Volume Number: 2004-2006 Hours: \_\_\_\_\_

Type (Book, Journal, Magazine, List serve): d. Magazine and online activities

**Rationale:** *This magazine is directly related to the biomedical field.*

**Title of Video/Audio/Other Education Program:** \_\_\_\_\_

Brief Description of Subject: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Hours: \_\_\_\_\_

Type (Video/Audio/Other Educational Programming) \_\_\_\_\_

**TOTAL CATEGORY IV (maximum = 10)** 6.5

**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:** Greenstone Regional Hospital 3.0

Address: 123 Flatcreek Road Greenstone, WY

Your Title: BMET I Hours/week: 40 Dates: 1/1/04-12/31/06

**Rationale:** *This is full-time employment in the biomedical profession.*

**Employer:** Self-employed (American Zander Biomedical) 1.0

Address: 79 Breakers Street Greenstone, WY

Your Title: Owner/Operator Hours/week: 50 Dates: 1/1/04-12/31/05

**Rationale:** *This is part-time employment in the biomedical profession..*

**Employer:** Wyoming Army National Guard 0.5

Address: 480 Western Bypass Greenstone, WY

Your Title: BMET Hours/week: 5 Dates: 1/1/06-12/31/06

**Rationale:** *This is military reserve duty in the biomedical profession.*

**Employer:** \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Dates: \_\_\_\_\_

**Employer:** \_\_\_\_\_ \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Dates: \_\_\_\_\_

**TOTAL CATEGORY V (maximum = 4.5)** 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.**

|   | <b>Points</b> |
|---|---------------|
| <b>Description of Activity:</b> <u>Humanitarian mission to rural hospitals, clinics, and villages. Provided biomedical support required to treat over 300 patients.</u> | <u>1.0</u>    |

Location: Honduras Dates: 3/18/06 Hours: 80

**Rationale:** *This is directly related to the biomedical field.*

|   |             |
|---|-------------|
| <b>Description of Activity:</b> <u>Job fair at Greenstone High School. Presented service and support opportunities in biomedical and imaging field.</u> | <u>0.25</u> |
|---|-------------|

Location: Greenstone High School Dates: 12/05/04 Hours: 2

**Rationale:** *This is directly related to the biomedical field.*

**Description of Activity:** \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

**Description of Activity:** \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Hours: \_\_\_\_\_

**TOTAL CATEGORY IV (maximum = 10)** 1.25

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**TOTAL POINTS ACCUMULATED (minimum =15 points):** 34.25

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Provide as many entries within the renewal period as possible. Meeting the minimum required points may not guarantee renewal as a single incorrect entry (or one that is not allowed) can reduce your overall point total.