Application for Revalidation of Qualifications

5 YEAR QUALIFICATIONS

ASCP BOC
ASCP BOARD OF CERTIFICATION®

LBX 3335

Step 1: Qualification Category

Q U A L Category:

Revalidation 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 Revalidation Form for each qualification.

☐ $50 Reinstatement Fee

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

For detailed information on completing the qualification revalidation, 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: Board of Certification, 3335 Eagle Way, Chicago, IL 60678-1033

Faxed or emailed revalidation forms will not be accepted.

Revalidation 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. Revalidation 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 revalidation 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) (mm/dd/yyyy)

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 Initial

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 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. Revalidation 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 Select the topic **Change Name/Contact Information** and the subject **Name Change**. You will be prompted to login and upload official name change documentation.

Step 4: Documentation of Continuing Education and Other Activities

Qualifications awarded OR revalidation granted **before** 1/01/2012 may be revalidated by completing **10** contact hours of acceptable continuing education in the area of qualification OR **5** contact hours of acceptable continuing education in the area of qualification and **5** 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 and the date the Qualification expires **(five year period)**.

5 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 revalidation application is selected for audit, you will be notified by mail and requested to submit documentation of all activities submitted for revalidation.

List the **10** contact hours of continuing education courses related to your qualification or **5** contact hours of continuing education in the area of qualification and **5** contact hours of other activities which you have completed within the five 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 revalidation is based on the correctness of the information contained in, and supplied in support of, this application.

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

Applicant's Signature Date

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