

2011 Recertification Application

You must complete all pages of this recertification application. Retain a copy of this form for your records. It is not necessary to send supporting documents. However, it is recommended that you save all supporting documentation in the event of an audit.

Print this form and remit the appropriate amount **postmarked no earlier than August 1, 2011 and no later than December 1, 2011** to:

NAMSS
Dept. 3115
Washington, DC 20042-3115

Name: _____
 Credentials: _____
 Hospital/Facility: _____
 Position: _____

Please indicate your preferred mailing address. All future correspondence will be sent to this address!

Home _____ Office _____

Address: _____
 City/St/Zip: _____
 E-Mail: _____
 Tel: _____ Fax: _____

Payment Information

	Member	Non-Member
Single Certification	_____ \$100.00	_____ \$250.00
Dual Certification	_____ \$125.00	_____ \$275.00
Late Fee (Postmark after Dec 1st)	_____ \$50.00	_____ \$50.00

Method of Payment - All payments must be made in U.S. Dollars

____ Check enclosed (made payable to NAMSS)
 Name on Card (print): _____
 Signature: _____
 Type: _____ MasterCard _____ Visa _____ American Express
 Card #: _____ Expiration Date: _____

**FOR SINGLE CERTIFICANTS: YOU MUST LIST 30 HOURS OF CONTINUING EDUCATION ACTIVITY
15 OF WHICH MUST BE NAMSS APPROVED**

**FOR DUAL CERTIFICANTS: YOU MUST LIST 45 HOURS OF CONTINUING EDUCATION ACTIVITY
25 OF WHICH MUST BE NAMSS APPROVED**

List only the activities completed within the recertification cycle (December 16, 2008 through December 1, 2011). Avoid the use of acronyms in all parts of the form.

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: ___ YES ___ NO CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: ___ YES ___ NO CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: ___ YES ___ NO CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: ___ YES ___ NO CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: YES NO

CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: YES NO

CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: YES NO

CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: YES NO

CE Credits: _____

Activity Title: _____

Activity Sponsor: _____

Dates: START _____ END _____

Location: CITY _____ ST _____

NAMSS Approved: YES NO

CE Credits: _____