

**AMERICAN SOCIETY OF PODIATRIC
MEDICAL ASSISTANTS
2008/2009 ANNUAL RECERTIFICATION APPLICATION
20 CONTINUING EDUCATION CREDITS REQUIRED**

NAME: _____ PMAC # _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

Is any of this information new? YES ___ NO ___

DO YOU PREFER MAIL SENT TO YOUR HOME ADDRESS? YES _____ NO _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

All items being used for continuing education credits must be from **2007 ONLY** --

MEETINGS: National _____ Regional _____ State _____ Local _____

NOTE: For Philadelphia meeting, please include original stamped attendance sheet.

Post Graduate Course _____ Lecture Presentation _____

Articles Written By You _____ Articles Read and Summarized _____

Articles

JOURNAL 2007 Questionnaires: January (Clin) _____ January (Admin) _____

April (Clin) _____ April (Admin) _____

July _____

October (Clin) _____ October (Admin) _____

JOURNAL questionnaires are available on the ASPMA web site <http://www.aspma.org/>

(Click on CERTIFICATION, then click on RESOURCES)

If copies are requested from the Recertification Chair a fee of \$1.00 per questionnaire will be required.

Diabetic Ed. Course ____, Coding Course ____, CPR Course ____, Radiology Course ____, Health Fair ____

Other _____

Check list for items needed for recertification –

....Sufficient credits (at least 20) _____

....Copy of **MEMBERSHIP CARD WITH 2008 STICKER** _____

....Check made out to **ASPMA CERTIFICATION FUND** _____

SIGNATURE: _____

AMERICAN SOCIETY OF PODIATRIC MEDICAL ASSISTANTS

2008/2009 RECERTIFICATION REQUIREMENTS 20 CONTINUING EDUCATION CREDITS REQUIRED

In order for a Certified Assistant to maintain his/her certification, an annual total of 20 recertification credits **obtained during 2007** must be submitted. Credit values for certification renewal are acquired as a result of the Assistant's activities related to the following.

Attendance at a National Meeting.....	*
Attendance at a Regional Meeting.....	*
Attendance at a State Meeting.....	*
Attendance at a Local Meeting.....	*

* All meetings are subject to CAPMAC approval of contact hours based on the specific meeting program, certificate of attendance is required. **Certificate given for taking Review Course is valued at 8 credits. The certificates given by the sponsoring organization for the same meeting cannot be used unless attendance following the PMAC test is confirmed by the signature of a board member.**

Attending a Post Graduate Course (under 25 hours).....	5
Attending a Post Graduate Course (25 - 50 hours).....	10
Attending a Post Graduate Course (50 hours or more).....	15
(Proof of attendance is required)	

Lectures given by you at a Podiatric Conference..... 10
(Copy of program indicating your lecture required)

Articles written by you and published in professional journal..... 5
(Copy of article and where it appeared required. This includes the ASPMA JOURNAL)

Recertification questionnaire (**from 2007 JOURNALS**) answered and returned at time of renewal of PMAC certification (point system used)..... 1 to 5 Credits

CPR Certification (must include **2007** year) 5
(Copy of card required, credit given for each year CPR Certification issued)

ASPMA Diabetic Education Course (include copy of certificate of completion) 5*
ASPMA Coding Course (include copy of certificate of completion)5*

Articles concerning Podiatric Medical Assisting which are read by you and a summary submitted to the Recertification Chair..... 2

Community Service: Career Day, Health Fair, Podiatry Blood Pressure Clinic, etc..... 2
(Proof of attendance or participation required)

* credits given **only for year** on certificate that course was completed