

Section Three - Proof of 12 contact hours in the past 12 months

A total of 12 points within a one year period (ending with the current date of application submission) must be accrued in any combination of the items listed below. You may also attach copies of certificates of achievement to indicate points accrued in the past year. ***If 12 contact hours are not properly reported, the application will be marked as incomplete and returned to sender, and certification will not be transferred.***

I. Seminars Attended (Attach copies of all certificates; 1 point per contact hour unless noted)

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

II. College Courses (Attach copy of validated transcript; 1 point per contact hour with grade of C or better)

Name of Course Pertaining to CS _____ Grade _____

Name of Course Pertaining to CS _____ Grade _____

III. Inservices/Staff Meetings (Must pertain to CS; 1 point per contact hour)

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Topic _____ Topic _____

Date _____ Hours Attended _____ Date _____ Hours Attended _____

Section Four – Supervisor Verification:

This information is to be completed by the candidate's immediate supervisor (or person with authority to sign-off on hours of experience and 12 contact hours of continuing education). ***If IAHCMM does not have a valid method to contact the immediate supervisor to verify information listed, the application will be marked incomplete and returned to sender, and certification will not be transferred.***

I. Hospital where candidate's experience was obtained: _____

Address: _____

Dates of Experience: _____

II. Person verifying experience:

Print Name

Print Title

Signature

III. Contact Information: _____

Work Phone

E-Mail

Return applications to:
IAHCMM, 213 West Institute Place, Suite 307, Chicago, IL 60610
(800) 962-8274 • Fax: (312) 440-9474 • mailbox@iahcsmm.org