

# CCD/CDT Recertification International Guidelines and Recertification Application

## HOW TO RECERTIFY

Fulfill one of the two options as identified below.

If you require an extension to complete your application, please request in writing prior to your certification expiration date. Submit to the attention of Certification Administrator at ISCD.

Please note that recertification is not the same as membership renewal in ISCD.

## OPTIONS AND REQUIREMENTS

### OPTION 1: Recertification by Application

If your certification has expired, please proceed to Option 2.

If not expired, upon approval, recertification will be issued valid for five years starting from the expiration of your current certification period

You must provide documentation of 35 hours of CME credit (clinicians/technologists) in the field of bone densitometry, osteoporosis, or metabolic bone disease from a minimum of two separate activities.

1. Submit the Recertification Application with the appropriate recertification fee.
2. Submit copies of documents stating the program titles and credits earned for a total of 35 hours CME's from at least 2 programs (see below)

**International Recertification Credits** International certificants who have attended professional continuing education-type programs in the fields of bone densitometry, osteoporosis, and metabolic bone disease may submit certificates of attendance.

1. A total of 35 CME hours are required; one hour of attendance is equivalent to one credit hour
2. Credit hours must be earned by attending formal educational programs, lectures, or seminars in the fields of bone densitometry, osteoporosis, or metabolic bone disease, and must include at least two different programs or activities.
3. For each program or activity submitted for recertification, the following must be submitted with the recertification application
  - a. The brochure identifying the date and location of the program, the course objectives, titles and speakers of presentations, and the length of each presentation attended
  - b. An official certificate of attendance.
4. If an applicant has a question as to whether a particular program or activity will be accepted for credit; they are urged to contact their International Panel chairperson.
5. Once all supporting documentation is received by ISCD, if there is a question regarding the merit of a particular program or activity, it will be deferred to the appropriate International Panel chairperson for adjudication. The decision will be binding, and will be communicated in writing to the applicant.
6. Contact information for the International Panel chairpersons can be found on the ISCD website, or may be obtained by contacting the ISCD Certification Administrator

**OPTION 2: Retake the Certification Examination**

A. In place of submitting a Recertification Application

**OR**

B. After your certification expiration date

The exam is offered at ISCD Bone Densitometry Courses. Remote testing is also available for an additional fee. By passing the Certification Exam, you will meet recertification requirements. Please see the ISCD website for further details.

**SUBMIT APPLICATION BY MAIL to:**

**ISCD Recertification**

10000  
10000  
10000

International

## RECERTIFICATION APPLICATION

### STATEMENT OF UNDERSTANDING

I hereby apply for Recertification to the International Society for Clinical Densitometry. I understand that Recertification depends upon my successful completion of continuing education hours as established by the ISCD and submission of all required verifications or passing the Certification Exam. I also understand that, for research and statistical purposes only, the data from my application may be used in a non-identifying manner.

### AUTHORIZATION AND RELEASE

I hereby authorize the International Society for Clinical Densitometry to make any inquiry of any agency, facility, organization or individual for any and all additional information which might be necessary to fully and properly evaluate my application for Recertification.

I hereby release and hold harmless the International Society for Clinical Densitometry, its Board of Directors, its Officers, its employees, and agents from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further document the statements and claims I have made in this application or in the processing of consideration of same.

I further acknowledge, understand, and agree that any falsification or misrepresentation of information by me or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date.

I further acknowledge that as a:

**Clinician (MD, DO, PhD, Certified Nurse Practitioner, Physician Assistant, Certified):**

I am currently licensed and am in professional good standing, consistent with the requirements of:

City: \_\_\_\_\_ Country: \_\_\_\_\_

**Technologist:**

I am currently licensed or registered, and am in professional good standing, consistent with the requirements of:

Local regulatory agency: \_\_\_\_\_

In (city): \_\_\_\_\_ Country: \_\_\_\_\_

=====*(Please Print)*=====

**First/Given Name:** \_\_\_\_\_ **Last/Family Name** \_\_\_\_\_

Home Address

Business Address

**Complete Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Country** \_\_\_\_\_

**Business Ph:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Company/Institution:** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_



## RECERTIFICATION APPLICATION FEES

	Clinician	Technologist
<b>International Fee</b>	<b>\$30</b>	<b>\$30</b>
<p><b>Note: <i>Certification and Membership are <u>not the same</u>.</i></b></p> <p>These fees do not include the lecture, exam or continuing education credits associated with the ISCD's Bone Densitometry Course.</p>		

### TYPE OF PAYMENT (Select one)

**Check** (Payable to ISCD in U.S. dollars):

Amount enclosed: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

**Credit Card:**

MasterCard     VISA     American Express

Amount to be charged: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Name

\_\_\_\_\_  
Card Holder Signature

**SUBMIT VIA MAIL.** Applications submitted by fax will not be processed.

Submit Recertification Application with payment and supporting documentation to:

**ISCD Recertification**  
**306 Industrial Park Rd, Suite 208**  
**Middletown, CT 06457**

Questions/Comments: E-mail us at [recertify@iscd.org](mailto:recertify@iscd.org) or call 860.259.1000