

CDT[®] - US Recertification Guidelines and Application

BACKGROUND:

Certified Densitometry Technologist (CDT[®]) is a professional designation awarded to individuals who meet specified knowledge requirements measured through a standardized testing process in bone densitometry for performing central DXAs.

HOW TO RECERTIFY

Fulfill one of the two Options applicable to you as identified below.

**If you require an extension, the request must be submitted in writing with a copy of your current ISCD Certificate. Submit to the attention of Certification Administrator at ISCD HQ. (Recertification is not the same as Membership.)*

REQUIREMENT OPTIONS

OPTION 1: Recertify by Application

CDTs in the U.S. – At this time, you can maintain your CDT designation only by application with CME/CE credits. However, CDT certificates in the U.S. will *only* be valid through December 31, 2012. If your certification has already expired, you must sit for the CDBT exam because the CDT exam is no longer offered in the U.S.

To recertify by application, you must submit your completed documentation prior to your certification expiration date.^{*} Upon approval, you will receive a new certificate valid through **December 31, 2012**.^{**} If your certification expiration has passed, see **Option 2**.

You must provide documentation of 35 Category 1 CMEs or Category A CEs in the field of **bone densitometry, osteoporosis or metabolic bone disease**. Your CME/CE requirement must come from a minimum of two courses or programs. A single program or course cannot meet your requirement.

1. Include a copy of your current ISCD CDT certificate.
2. Complete and submit the Recertification Application as indicated.
3. Include appropriate recertification fee with the application.
4. Provide copies of official documentation showing 35 **Category 1 CME or Category A CE**

**Incomplete applications will be returned unprocessed.*

***As of January 1, 2013, CDTs in the U.S. who have not sat for the CDBT exam will have to do so to maintain a valid ISCD certification.*

OPTION 2: Take the CDBT[™] Certification Exam

A. Instead of submitting an Application

OR

B. If you are Recertifying after your certification expiration date

Technologists - US

- The CDBT **exam is offered** electronically four scheduled times a year at **Prometric Testing Centers**.
- Each test period has a window of four weeks to take the exam.
- You must submit an application to sit for the exam (application and hand book are available under the "Certification" link on the ISCD Web site, www.ISCD.org.)
- By taking and passing the Certification Exam, you will not need to acquire CME/CE.
- You will become certified as a CDBT[™] for a period of three (3) years.
- The CDBT[™] designation will replace the CDT designation.

CDT[®] – US RECERTIFICATION APPLICATION

1. Include a copy of your current ISCD CDT certificate.
2. Complete and submit the Recertification Application as indicated.
3. Include appropriate recertification fee with the application.
4. Provide copies of official documentation showing 35 **Category 1 CME or Category A CE**

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 Certification Department 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:

Technologist:

I maintain licensing or other registration requirements as specified by:

State/Local regulatory agency: _____

In (city): _____ State: _____ Country: _____

Researcher (PhD)

I remain in good standing in a research, medical, or academic facility

In (city): _____ State: _____ Country: _____

PLEASE PRINT:

Name: _____

Home Address

Business Address

Address: _____

City/State/Zip/Country _____

Business Ph: _____ Fax: _____ E-mail: _____

Company/Institution: _____

Applicant Signature _____

RECERTIFICATION DOCUMENTATION

Original Certification Date (month and year): _____

Original Certification Course (City/State/Country): _____

OR

Last date of Recertification: _____

Qualifying Programs:

Technologists - Only programs in **bone densitometry, osteoporosis or metabolic bone disease** that are awarded AMA Physician's Recognition Award Category 1 credits or formal Category A CE credits meet ISCD requirements.

Instructions: In the spaces provided below, list each separate educational program you attended. CE or CME hours will **NOT** be accepted without copies of proper verification (i.e., certificate/letter of verification/ attendance) for each program listed. Continuing Education hours must be completed after your last date of certification or recertification, through to the date that your certification expires.

Program Title	Location	Hours	Date Attended

Print Name (To appear on certificate)

Print Title (To appear on certificate)

Signature

Date

RECERTIFICATION APPLICATION FEES

	Member	Nonmember
Technologist	\$125	\$225
Note: Membership and Certification are not the same.		

TYPE OF PAYMENT (Select one)

Check (Payable to ISCD in U.S. dollars drawn on a U.S. bank):

Amount enclosed: \$ _____ Check No.: _____

Credit Card:

MasterCard VISA American Express

Amount to be charged: \$ _____

Card Holder Name: _____ Card Holder Signature: _____

Card Number: _____ Exp. Date: _____ CVV: _____

** Allow four weeks for processing (Checks require an additional 10 days).*

SUBMIT VIA MAIL "ONLY"

Submit Recertification Application (3 pages) with payment and your support documentation to:

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

Questions/Comments: E-mail us at recertify@iscd.org or call 860.259.1000