

CDT[®] - CANADA Recertification Guidelines and Application

BACKGROUND:

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

In the constantly changing medical environment, the use of limited-term certifications assures Consumers, clients and other members of the public that ISCD certification holders continue to meet the ISCD competency criteria by keeping their skills and knowledge up-to-date. Earning the CDT[®]/CBDT[™] credential is the first step in ongoing professional development to consistently upgrade knowledge. There must be a procedure in place to assure that the technologist is continuing their education in central bone densitometry and recertification is that vehicle.

It is this background that forms the basis of the CDT[®]/CBDT[™] Recertification Program. The CDT[®]/CBDT[™] recertification guidelines provide a framework that will allow an individual to continue professional development beyond the examination phase of the credential. Such continuing education provides the evidence that enables demonstration of ongoing professional development.

HOW TO RECERTIFY: Fulfill one of the three 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 **Incomplete applications will be returned unprocessed.*

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 from your most recent certification expiration date forward. If your certification expiration has passed, see **Options 2 or 3**.

CDT - You must provide documentation of **(35) Category 1 CME or Category A CE** in the field of **bone densitometry, osteoporosis or metabolic bone disease**. Your CME/CE requirement must come from a minimum of two courses/programs. A single program or course cannot meet your requirement. *Certification is 5 years.*

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

OPTION 2: Take the CDT[®] Certification Exam

- A. Instead of submitting an Application
- B. If you are Recertifying after your certification expiration date

If you retake the Certification Exam and pass, you do not need to complete a Recertification Application. You will automatically receive a new 5-year certificate.

The exam is offered at regularly scheduled Bone Densitometry Course Sites. By taking and passing the Certification Exam the minimum number of required CME/CEU hours will be waived. You will automatically meet recertification requirements and become certified for a period of five years.

OPTION 3: Take the CBDT[™] Certification Exam

- A. Instead of submitting an Application
- B. If you are Recertifying after your certification expiration date
- C. To earn the CBDT[™] Credential

The CBDT **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 CBDT[™] Certification Exam, you will not need to acquire CME/CE. You will become certified as a CBDT[™] for a period of three (3) years, and the CBDT[™] designation will replace the CDT designation.

CDT[®] - CANADA 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 Education 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 APPLICATION FEES

	Member	Nonmember
CDT®	\$30	\$30
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 Number: _____ Exp. Date: _____

Card Holder Name

Card Holder Signature

SUBMIT VIA MAIL "ONLY"

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

ISCD Recertification
342 North Main Street
West Hartford, CT 06117-2507

Questions/Comments: E-mail us at recertify@iscd.org or call 860.586.7563.
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