

CBDT™ Recertification Guidelines & Application

Background

Certified Bone Densitometry Technologist (CBDT™) is a professional certification in the field of bone densitometry for technologists who *perform* densitometry scans. The CBDT™ credential signifies that an individual has passed an examination designed to meet established certification industry standards and best practices in the United States.

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 CBDT™ is the first step in ongoing professional development to consistently upgrade knowledge. There must be a procedure in place to assure that the technologist continues their education in central bone densitometry and recertification is that vehicle.

It is this background that forms the basis of the CBDT™ Recertification Program. The 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 demonstrates ongoing professional development. Please note that it is solely the responsibility of the individual to pursue continuing education in the field of bone densitometry and to submit application for recertification in a timely manner.

I. Determining your Recertification Options

	Eligibility	Valid for	Method of Renewal	Credits Required
Current Certified Bone Densitometry Technologist (CBDT™)	US/Canada	3 Years	CME/CE Credit submission Or Take CBDT Examination	24 Category 1 CME/Category A CE Or Other (See Section 4)

OPTION 1: Recertify by Application

To recertify by application, copies of applicable CE's, application, and the recertification fee must be received by ISCD no later than December 31, of the year of your expiration date. Applicable CE documentation must include 24 Category A CE's or equivalent in the field of bone densitometry, osteoporosis or metabolic bone disease; may include any of the credits listed in Table B, and must include a minimum of two separate educational activities.

OPTION 2: Take the Certification Exam

If the applicant has not accrued the required 24 Category A CE's or equivalent, or if the applicant's certification has expired, the certificant must take the CBDT™ exam.

If you require an extension, the request must be submitted in writing along with a copy of your current ISCD Certificate PRIOR to the certification expiration date. Submit to the attention of Certification Administrator at ISCD HQ.

II. Length of Certification

The certification will be valid upon renewal for the following three calendar years.

III Non-Renewal of Certification

If you have not renewed your certification by January 1, after the year the recertification was due or have not contacted ISCD for an extension, you will no longer be certified as a CBDT™ as of February 1 after the year the recertification was due. You will be notified by letter that you are no longer to use the designation of CBDT™ nor are you to display your certification certificate. Your name will be removed from the CBDT™ registry. Failure to comply with this revocation of your certification will be considered a breach of the certification ethics and expose you to ethics sanctions.

IV. Educational Requirements for Recertification:

A. General Requirements

- (1) Continuing education credits must be earned and recorded as Category A CE credits, Category1 CME, Nursing credits or equivalent.
- (2) Continuing education credits may not be carried over from one recertification cycle to another
- (3) Continuing education credits must be earned in the field of skeletal health and may include bone densitometry, osteoporosis, or metabolic bone disease-related conferences, seminars, workshops, or classes. Please see Table B below for a complete listing of accepted activities.
- (4) Continuing education credits must come from a minimum of two separate educational activities.
- (5) To receive credit for academic coursework and presentations, please submit a course outline and learning objectives. For papers, please submit the title page, an abstract and an explanation of your role in the research. For books, please submit a copy of the title page and table of contents and a statement of your role.

B. Educational Activities

Category	Activity - continuing educational credits may include any of the following	Contact Hours
1.	Conference, Seminar, Workshop Each 50 - 60 minute session including questions and answers	1
2.	Continuing Education (CE's) 1.0 CE awarded by program sponsor,	1
3.	Continuing Education Units (CEU's) 0.1 CEU awarded by program sponsor	1
4.	Academic Courses: 1 semester hour credit - 50% of course must be bone related	5
5.	Academic Courses: 1 quarter hour credit - 50% of course must be bone related	3
6.	Master's Thesis or PhD Dissertation on a topic related to skeletal health from an accredited institution.	10

7.	<p>Presentations and Publications - a maximum of <u>10</u> contact hours may be earned in this category with the exception of published books</p> <p>* Presentations: each hour - a presentation may not be submitted more than once, includes preparation time</p> <p>* Publications: minimum of a three page article accepted for publication in a peer-reviewed journal, includes preparation time</p> <p>* Book published on a topic related to skeletal health</p>	<p>2</p> <p>2</p> <p>15</p>
8.	<p>General professional development - a maximum of 3 hours may be earned in this category.</p> <ul style="list-style-type: none"> examples include CPR training, First Aid, etc. 	3

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

RECERTIFICATION APPLICATION

**Incomplete applications will be returned unprocessed.*

When applying, be sure to:

1. Include a copy of your current ISCD CBDT™ certificate
2. Complete the Recertification Application
3. Include appropriate recertification fee with the application.
4. Provide copies of official documents in support of no less than 24 contact hours from at least two separate skeletal health-related CE activities

===== Please Print)=====

Name: _____

Check one: Home Address Business Address

Address: _____

City/State/Zip/Country _____

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

Company/Institution: _____

Applicant Signature _____

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.

I further understand that certification is distinct and separate from membership in ISCD, and that membership in the organization requires a separate application and fees.

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:

Local regulatory agency:

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

Researcher (PhD):

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

Organization _____

City: _____ State: _____ Country: _____

RECERTIFICATION APPLICATION FEES

Status	Technologist
ISCD Member	\$125
Non-member	\$225

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

MAIL: Submit completed Recertification Application with payment and your support documentation to:

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

