

# NCCMEA Recertification Application

## PERSONAL INFORMATION

Please select one:

- Recertification with Continuing Education Hours  
 Recertification by Exam

Name:

\_\_\_\_\_  
Last First Middle

Phone #:

\_\_\_\_\_

Employer:

\_\_\_\_\_  
Name

Employer Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Home Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code

Business Phone:

\_\_\_\_\_ Fax: \_\_\_\_\_

Email Address:

\_\_\_\_\_ SSN (last 2): XXX - XX -XX  
\_\_\_\_\_

Date of Birth:

\_\_\_\_\_ Date of Exam: \_\_\_\_\_

Certificate #:

\_\_\_\_\_ Expiration Date: \_\_\_\_\_

Exam Date/Location Requested (only if recertifying by exam):

\_\_\_\_\_

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## NPCTA Credential Recertification Requirements

NCCMEA Certification may be renewed without examination every two years with proof of 16 hours of Continuing Education in at least three of the thirteen areas listed below, spread throughout the two-year certification period. This is in addition to continuing to meet the practice standards set forth by the Commission. CPCTs who do not achieve the required Continuing Education hours must re-apply and successfully meet the requirements of the NCCMEA credentials review process, including passing the current Certification Examination, in order to be recertified. All recertification applicants must include the appropriate recertification fee with their application.

Please refer to the Recertification Guide, including the Recertification Fee Schedule on the recertification page, for detailed recertification requirements.

## Continuing Education Areas

Please check the boxes below indicating the Continuing Education Areas in which you have experience requirements during the two-year period covered by this recertification application.

- |  |  |
|--|--|
| <input type="checkbox"/> Compliance with applicable federal and state laws | <input type="checkbox"/> advanced nursing skills                           |
| <input type="checkbox"/> Certified nursing assistant (CNA)                 | <input type="checkbox"/> Long Term Care                                    |
| <input type="checkbox"/> Electrocardiography (EKG)                         | <input type="checkbox"/> Medical Terminology                               |
| <input type="checkbox"/> A Patient Care Clerical Principles                | <input type="checkbox"/> Performance or supervision of specimen collection |
| <input type="checkbox"/> Basic Anatomy and Physiology                      | <input type="checkbox"/> Phlebotomy  |
| <input type="checkbox"/> Multi-Skilled Clinical Practicum                  | <input type="checkbox"/> Fundamentals of Disease                           |
| <input type="checkbox"/> Principles of Expanded Patient Care               |  |

NOTE: Supporting documentation of Continuing Education, including date; sponsoring organization; phone/fax numbers; and hours of Continuing Education achieved must be included with this application and detailed on the Continuing Education Verification Form contained within this application. It is the CPCT's responsibility to complete all information required in this application and to provide documented proof of all Continuing Education hours at the time of application submission.

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## Continuing Education Verification Form

Please complete the following information for all Continuing Education hours being submitted for evaluation for NCCMEA recertification. You must attach supporting documentation for each entry, numbering the documentation to correspond with the number of the Continuing Education entry represented on this form. 16 hours of Continuing Education is required for each two-year recertification period. A maximum of 8 hours is allowed per course.

	<b>Date(s)</b>	<b>Course Name</b>	<b>Sponsoring Organization</b>	<b>Contact Name</b>	<b>Phone Number</b>	<b>Fax Number</b>	<b>Con Ed Hours</b>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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## Candidate Statement

By submitting this application I acknowledge, understand and agree to all of the provisions contained in the Recertification Application and Recertification Guide. I attest that the foregoing information is accurate and true and that I meet all of the requirements for recertification of my NCCMEA designation as stated in the Recertification Application and Recertification Guide. I understand that my recertification, if attained, depends on my adherence to the Commission's published practice standard for which I have applied. I further understand and agree that my name may be used for publication in professional literature and marketing materials upon attaining NCCMEA recertification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name Preferred on Certificate: \_\_\_\_\_

## Recertification Application Submission

Please submit the following information to the address or fax number listed below. All information must be submitted, at a minimum, within 30 days of the expiration date of your certification.

- Completed Recertification Application, including:
  - Personal Information Form
  - Continuing Education Areas Form
  - Continuing Education Verification Form
  - Continuing Education Supporting Documentation
  - Candidate Statement Form
  
- Recertification Fee (see Recertification Guide, page 3, for applicable fee)

Please submit this information to:

NCCMEA  
378 Boston Post RD Suite1000  
Orange, CT 06477  
Phone: 814-806-3996 Fax: 877-554-5380  
Email: NCCMEACONTACT@gmail.com