

2. *LASER SAFETY EDUCATION AND TRAINING*

Points Claimed _____

Maximum: 7.0 CM points total per 3-year cycle.

SPONSOR	TITLE AND LOCATION OF EDUCATIONAL TRAINING	DATES OF ATTENDANCE	POINTS CLAIMED

3. *PUBLICATION OF PAPERS (ARTICLES)*

Points Claimed _____

Maximum of 3.0 CM points per 3-year cycle.

1.0 CM point will be awarded to the primary author of an original paper published in a *peer-reviewed professional journal* and 1.0 CM point to each additional author. Laser Safety related chapters in books or similar publications would be treated, in most cases, as peer-reviewed.

Non peer-reviewed articles, e.g., published magazine or newsletter articles (print or online) will be evaluated on a case-by-case basis. Accepted submissions will be awarded .5 CM point each. **Please provide a copy of your non peer-reviewed article.**

TITLE OF PAPER	TITLE OF PUBLICATION	DATE OF PUBLICATION	NUMBER OF AUTHORS	POINTS CLAIMED

4. *MEMBERSHIP IN ORGANIZATIONS*

Points Claimed _____

Maximum: 1.0 CM point per year, 3 CM points per 3-year cycle.

ORGANIZATION	YEAR	MEMBER NUMBER

8. *PRESENTATIONS OR POSTER PAPERS*

Points Claimed _____

Maximum: 2 CM points per 3-year cycle.

Paper presentations ≤ 20 minutes will be awarded .5 CM point. Platform/technical presentations (peer reviewed selection process) at a national or international conference which are > 20 minutes but < 60 minutes will receive 1.0 CM point.

TITLE OF CONFERENCE/MEETING (include date)	TITLE OF PAPER/PRESENTATION	PAPER NUMBER	POINTS CLAIMED

9. *OTHER ACTIVITIES*

Points Claimed _____

You may list other professional activities not covered under Categories 1-8, which you believe may be worthy of consideration by BLS for recertification or pre-approved activities not listed elsewhere on this form.

DESCRIPTIONS OF ACTIVITY	SPONSOR	INCLUSIVE DATES	POINTS CLAIMED

I attest that the statements made on this worksheet are true and correct to the best of my knowledge, and that during the period covered by this worksheet I have not been made aware of any charges against me of unethical practice of laser safety, nor have I been convicted of felony. I also agree to adhere, to the best of my ability, to the Code of Ethics for the Practice of Laser Safety as published in the Policies and Procedures Manual.

Signature _____
Date

Approval of your worksheet does not necessarily mean that all points submitted were acceptable and credited toward the total points earned.

Recertification Fee Due: \$150

Payment Method (circle one) Check Enclosed VISA AMEX MASTERCARD

Credit Card Number: _____ CSC Number*: _____

Please print name of cardholder: _____ Exp. Date: _____

(*3 digit number on back of VISA, MC or 4 digit number on front of AMEX)