

2. *LASER SAFETY EDUCATION AND TRAINING*

Points Claimed _____

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

See CM Manual for point breakdown by time.

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

3. *PUBLICATION OF PAPERS (ARTICLES)*

Points Claimed _____

Maximum: 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.

Maximum: 2.0 CM points per 3-year cycle.

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 a 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 MASTERCARD DISCOVER AMEX

Credit Card Number: _____ CSC Number*: _____

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

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