



# ASPMA American Society of Podiatric Medical Assistants

March 28, 2016

Dear Doctor:

It's time to renew your X-ray credentialing. All qualifying materials, renewal fees, and additional fees that apply, are to be postmarked by **May 1, 2016** and returned to the following address.

Kesha Davis, PMAC Recertification Chair  
2017 Nanesmond Parkway  
Suffolk, VA 23434  
E-mail: [kesha.recert.aspma@gmail.com](mailto:kesha.recert.aspma@gmail.com)  
Phone: 757-512-4759

All DPM's who do not recertify will be dropped from the recertification database and will be unable to use their X-ray certification credentials if it is not received before **July 15, 2016**.

X-ray certifications obtained between August 1, 2015 and December 31, 2015 are required to submit 10 CME. In 2016 you will renew for the full year.

All others are required to submit the full year renewal of 20 CME credits, renewal fee and any additional fees that apply.

Once you have all qualifying material accumulated for 2016 in one packet, it is to be submitted to the above address.

You may use the credits accumulated to renew your DPM license, as well as any of the sources listed on the enclosed sheet. Please submit copies of your certificates from these meetings.

The hours for each meeting are based on contact hours offered in the meeting. Certifications given to you at the meetings will reflect hours you can use. If certificates do not reflect credit hours, a copy of the program must be included.

If you are short on credits, you will be notified promptly, and then given the courtesy to complete your recertification file within a very limited time frame.

Please do not hesitate to contact me with any questions you may have by emailing Jackie Gregoire, PMAC at [recert.aspma@gmail.com](mailto:recert.aspma@gmail.com). I look forward to helping with your continued success.

Sincerely,

Kesha Davis, PMAC  
Recertification Chair

1000 W St Joseph Hwy. Suite 200 | Lansing, Michigan 48915  
P: 888.88A.SPMA (2.7762) | F: 517.485.9408  
[www.ASPMA.org](http://www.ASPMA.org)

# RECERTIFICATION APPLICATION

ASPMA 2015-2016

NAME: \_\_\_\_\_

(Please mail any correspondence to the address listed below.)      OFFICE      HOME

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

**\*E-MAIL ADDRESS:** \_\_\_\_\_ **\***

All items being used for continuing education credits must be from **2015 ONLY**.

**MEETINGS-** enclose COPY of the meeting certificate with CME credits listed.

National\_\_ Midwest\_\_ Regional\_\_ Goldfarb\_\_ State\_\_ Local\_\_ Other\_\_

Post Graduate Course\_\_ Lecture Presentation\_\_ Articles Written By You\_\_

Articles Read and Summarized (other than JOURNAL questionnaires)\_\_

Diabetic Education Course\_\_ CPR Course (2015 year listed)\_\_

Health Fair(s)\_\_ In-House Training\_\_ PMAC Review Course\_\_ Other\_\_

**JOURNAL 2015 Questionnaires:**

1ST Quarter                      Foot Structure                      Possible 5 Credits \_\_\_\_\_

2ND Quarter                      Neuropathy                      Possible 5 Credits \_\_\_\_\_

3RD Quarter                      Metatarsalgia                      Possible 5 Credits \_\_\_\_\_

4TH Quarter (Journal)              Arthritis & Foot Pain                      Possible 5 Credits \_\_\_\_\_

(Website)              X-Ray                      Possible 5 Credits \_\_\_\_\_

\*Do NOT use the same topic twice for your recertification questionnaires.

JOURNAL questionnaires are available on the ASPMA website <https://www.aspma.org>. (Click on CERTIFICATION, then click on RECERTIFICATION QUESTIONNAIRES)

## Check list for items needed for Recertification

**MAKE CHECKS PAYABLE TO ASPMA RECERTIFICATION FUND** (PLEASE NOTE NON-SUFFICIENT CHARGES OF \$25.00 APPLY ON ALL RETURNED CHECKS) and mail to Keshia Davis, PMAC Recertification Chair  
2017 Nanesmond Parkway Suffolk, VA 23434

_____ <b>Recertification Renewal fee</b>	<b>\$55.00</b>
_____ August 1- December 31, 2015, <b>Recertification Renewal fee</b>	<b>\$27.50</b>
_____ <b>Hard copy fee for certificate</b> (if applicable)	<b>\$ 5.00</b>
_____ Late fee if postmarked after May 1, 2016	<b>\$50.00</b>
_____ Full year renewal <b>CME minimum required</b>	<b>20 credits</b>
_____ August 1- December 31, 2015, <b>CME minimum required</b>	<b>10 credits</b>

**SIGNATURE:** \_\_\_\_\_

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