



# ASPMA American Society of Podiatric Medical Assistants

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 31, 2019** and returned to the following address.

Tina Phelps, PMAC Recertification Chair  
602 Bradley Dr. Apt A  
Fortville, IN 46040  
E-mail: [tinaphelps@yahoo.com](mailto:tinaphelps@yahoo.com)  
Phone: 765-215-3812

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, 2019**.

X-ray certifications obtained between August 1, 2018 and December 31, 2018 are required to submit 10 CME. In 2020 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 2018 in one packet, it is to be submitted to the above address.

You may use the credits accumulated to renew you 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 Tina Phelps, PMAC at [tinaphelps@yahoo.com](mailto:tinaphelps@yahoo.com). I look forward to helping with your continued success.

Sincerely,

Tina Phelps, PMAC  
Recertification Chair

P: 888.88A.SPMA (2.7762) | [www.ASPMA.org](http://www.ASPMA.org)

# DPM RECERTIFICATION APPLICATION

ASPMA 2019

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

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

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

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

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

All items being used for continuing education credits must be from **2018 ONLY**.

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

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

## 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 **Tina Phelps**, PMAC Recertification Chair  
602 Bradley Dr. Apt A Fortville, IN 46040

_____ <b>Recertification Renewal fee</b>	<b>\$55.00</b>
_____ August 1- December 31, 2018, <b>Recertification Renewal fee</b>	\$27.50
_____ <b>Hard copy fee for certificate</b> ( <i>if applicable</i> )	<b>\$ 5.00</b>
_____ Late fee <i>if postmarked after May 31, 2019</i>	<b>\$50.00</b>
_____ Full year renewal <b>CME minimum required</b>	<b>20 credits</b>
_____ August 1- December 31, 2018, <b>CME minimum required</b>	10 credits

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

P: 888.88A.SPMA (2.7762) | [www.ASPMA.org](http://www.ASPMA.org)