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### ASPMA American Society of Podiatric Medical Assistants

# Recertification

It is time to renew your PMAC status. We congratulate all PMAC's for their efforts in promoting podiatry!

#### For all PMAC's who became certified prior to August 1, 2018

You are required to submit the full year of renewal

- proof of your **20 CME credits**
- recertification fee of \$55.00 **must be in US Dollars** (with \$1.00 and any additional amount donated to the Educational Fund) If you would like a hard copy (instead of an e-mail version) of your certificate it would be an extra \$5.00.
- completed RECERTIFICATION APPLICATION WITH A CURRENT E-MAIL.

#### For all PMAC's who became certified in the months of August 1, 2018 through December 31, 2018

- proof of your **10 CME credits** (this is ½ the normal required amount of credits)
- recertification fee is \$27.50 Renewal fee (this ½ the usual amount) **must be in US Dollars** (with \$.50 and any additional amount donated to the ASPMA Educational Fund) If you would like a hard copy (instead of an e-mail version) of your certificate it would be an extra \$5.00.
- completed RECERTIFICATION APPLICATION WITH A CURRENT E-MAIL

#### For all PMAC's who became certified in the months of January through March 2019

□ you do not have to recertify this year beginning with your renewal next year, you will need 20 credits due April 2020 recertification fee is \$55.00 *must be in U.S. Dollars* (with \$1.00 and any additional amount donated to the Educational Fund) completed RECERTIFICATION APPLICATION WITH A CURRENT E-MAIL.

**NOTICE TO ALL PMAC's**: a late fee of \$50.00 is applied if your material is not postmarked on or before May 31, 2019.

Any PMAC, whom has not recertified by July 15, 2019, is no longer considered a PMAC and will have to retake the test in order to gain that status again.

Submit all materials, applicable fees made out to **ASPMA CERTIFICATION FUND** and the form titled **RECERTIFICATION APPLICATION** to:

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

If you have any questions, concerns or suggestion to make this process easier please do not hesitate to share them with us! Contact Tina Phelps, PMAC at <u>tinaphelps@yahoo.com</u>.

#### 2019 RECERTIFICATION REQUIREMENTS

In order for a Certified Assistant to maintain his/her certification, an annual total of 20 recertification credits (10 credits if certified between August 1, 2018-December 31, 2018) obtained during 2018 must be submitted. Please submit qualifying material accumulated during 2018, this would include any 2018 Journal questionnaires answered, and any seminars or conferences attended during 2018. The hours for each meeting are based on contact hours offered in the meetings. Certificate(s) 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.

Credit values for certification renewal are acquired as a result of the Assistants activities related to the following: Attendance at: National Meeting\* Midwest Conference\* Regional Meeting\* Goldfarb Meeting\* State Meeting\* Local Meeting\* \*All meetings are subject to approval of contact hours based on the specific meeting program, certification of attendance is required. Attending a Post Graduate Course (under 25 hours)......5 (Proof of completion of listed hours completed in 2018 is required) (Copy of program indicating your lecture is required) of article and where it appeared required. This includes the ASPMA Journal) Recertification questionnaire (from 2018 JOURNALS) answered and returned at time of renewal of PMAC CPR Certification (must include 2018 year) ......5 (Copy of card required, credit given for each year CPR certification issued) ASPMA Diabetic Education Course (include copy of certificate of completion)......5 A written summary pertaining to Articles concerning Podiatric Medical Assisting which you read 

of attendance or participation required)

<sup>\*\*</sup>credits given ONLY FOR YEAR on certificate that course was completed\*\*

## **RECERTIFICATION APPLICATION 2019**

| NAME:  |                         |                   |   |                  |              |
|--|-------------------------|-------------------|---|------------------|--------------|
| EMPLOYER:  |                         |                   |   |                  |              |
| (Please mail any correspon                               | dence to the address    | s listed below.)  | OFFICE                                    | HOME             |              |
| STREET:  |                         |                   |   |                  |              |
| CITY:  |                         | _ STATE:          | ZIP:                                      |                  | _ PHONE:     |
|  | _ CELL:                 | F                 | AX:                                       |                  |              |
| E-MAIL ADDRESS:  |                         |                   |   |                  |              |
| All items being used for c                               |                         |                   |   | <br>.Y           |              |
| MEETINGS- enclose CO                                     | =                       |                   |   |                  |              |
| National Midwest Re                                      | •                       |                   |   |                  |              |
| Post Graduate Course L                                   |                         |                   |   |                  |              |
| Articles Read and Summar                                 | rized (other than JO    | URNAL question    | nnaires)                                  |                  |              |
| Diabetic Education Course                                | CPR Course (20          | 18 year listed) _ | _   |                  |              |
| Health Fair(s) In-House                                  | Training PMAC           | Review Course_    | _ Other                                   |                  |              |
| TOURNAL 2010 O   |                         |                   |   |                  |              |
| JOURNAL 2018 Question                                    |                         |                   | Descible 5 C                              | مانده            |              |
| 1 <sup>ST</sup> Quarter<br>2 <sup>ND</sup> Quarter       | Background<br>Arthritis |                   | Possible 5 Credits                        |                  |              |
| -DD -  |                         |                   | Possible 5 Credits                        |                  |              |
| 3 <sup>KD</sup> Quarter<br>4 <sup>TH</sup> Quarter       | Equinus Word Scramble   |                   | Possible 5 Credits                        |                  |              |
| (Website)  |                         |                   | Possible 5 Credits<br>Possible 10 Credits |                  |              |
| ,  | J                       |                   |   | <del></del>      |              |
| *Do NOT use the same top                                 | oic twice for your re   | certification que | stionnaires.                              |                  |              |
| JOURNAL questionnaires                                   | are available on the    | ASPMA websit      | te https://www.a                          | spma.org. (Clicl | k on         |
| CERTIFICATION, then cl                                   | ick on RECERTIFI        | CATION QUES       | TIONNAIRES)                               |                  |              |
|  | Check list for          | items needed fo   | or Recertificatio                         | nn -             |              |
| MAKE CHECKS PAYA   |                         |                   |   |                  | N-SUFFICIENT |
| CHARGES OF \$25.00 APPLY (                               |                         |                   |   |                  |              |
| 602 Bradley Dr. Apt A Fo                                 |                         |                   | , , , , , , , , , , , , , , , , , , ,     |                  |              |
| • •  |                         |                   |   |                  |              |
| Recertification Renewal fee                              |                         |                   | \$55.00                                   |                  |              |
| August 1- December 31, 2018, Recertification Renewal fee |                         |                   | enewal fee                                | \$27.50          |              |
| Hard copy fee for certificate (if applicable)            |                         |                   |   | \$ 5.00          |              |
| Late fee if postmarked after May 31, 2019                |                         |                   |   | \$50.00          |              |
| Full year renewal <b>CME minimum required</b>            |                         |                   |   | 20 credits       |              |
| August 1- December 31 2018 CME minimum required          |                         |                   | remired                                   | 10 credits       |              |

| SIGNATURE: |  |  |
|------------|--|--|
|            |  |  |