



## CDT™® Recertification Application



You must provide documentation of 35 AMA PRA Category 1 CME Credits or ASRT Category A CE Credits or equivalent in the field of Musculoskeletal Health. The CE requirement must come from a minimum of two sources. A single program or course cannot meet your credit requirements.

1. Complete and submit the Recertification Application as indicated.
2. Include appropriate recertification fee with the application.
3. Provide copies of official documentation showing **35 Category A CE or Category 1 CME**

\*\*\*ALL ITEMS ARE SUBJECT TO REVIEW BY THE ISCD CERTIFICATION COUNCIL\*\*\*

### **The following must be submitted with the recertification application for each activity:**

1. An official certificate of attendance with your name, number and type of credit and date of activity.
2. If claiming credit for sessions related to skeletal health presented at a conference, please provide the agenda/schedule identifying title and length of the presentation.

You must submit your completed documentation prior to your certification expiration date. Upon approval, you will receive a new certificate valid five years from your most recent expiration date.

### **SUBMIT APPLICATION by MAIL to:**

**Recertification**  
**International Society for Clinical Densitometry**  
955 South Main Street, B202  
Middletown, CT 06457

**By Fax to: +1-860-259-1030**

# INTERNATIONAL CDT RECERTIFICATION APPLICATION

I understand that certification is distinct and separate from membership in ISCD, and that membership in the organization requires a separate application and fees.

I understand, and agree that any falsification or misrepresentation of information by me or others regarding my experience and/or qualifications will be sufficient reason for denial of my application or for withdrawal of certification at a later date.

**First/Given Name:** \_\_\_\_\_

**Last/Family Name:** \_\_\_\_\_

**Complete Mailing Address:** \_\_\_\_\_

\_\_\_\_\_ **Country** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Company/Institution:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

# RECERTIFICATION DOCUMENTATION

Original Certification Date (month and year): \_\_\_\_\_

Last date of Recertification: \_\_\_\_\_

**Qualifying Programs:** Programs that are awarded Category A CE credits or Category 1 CMEs in the field of Musculoskeletal Health; must include a minimum of two separate educational activities to meet the requirements towards CDT™®recertification.

**Instructions: IF YOU HAVE NOT SELF-REPORTED YOUR NON-ISCD CREDITS THROUGH THE ISCD WEBSITE,** please list each separate educational program you attended.. **CE or CME hours will NOT be accepted without copies of proper verification** for each program listed. Continuing Education hours must be completed between your last date of certification or recertification and the date your certification expires.

Program Title	Location	Hours	Date Attended

\_\_\_\_\_  
Print Full Name (To appear on certificate)

\_\_\_\_\_  
Print Title (To appear on certificate, i.e. RT, MT, RT(R), etc...)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# CDT RECERTIFICATION APPLICATION FEES

**Note:** *Certification and Membership are not the same.*

**CDT Application Fee    \$60 USD**

Submit Recertification Application (3 pages) with payment and your support documentation to:

## **TYPE OF PAYMENT (Select one)**

- Check** (Payable to ISCD in U.S. dollars drawn on a U.S. bank):

Amount enclosed: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

- Credit Card:**            MasterCard            VISA            American Express            Discover

Amount to be charged: \$ \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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### **Recertification**

### **International Society for Clinical Densitometry**

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Questions/Comments: E-mail us at [certification@iscd.org](mailto:certification@iscd.org) or call +1-860.259.1000