



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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Questions/Comments: E-mail us at certification@iscd.org or call +1-860.259.1000
