

## **Recertification Application**

### **Recertification Requirements:**

Required Credits/Auditing: At the conclusion of each three-year credentialing cycle, individuals holding the Certified Ophthalmic Executive™ designation must provide proof of 50 continuing education credits, with a minimum of 25 Category A credits, by completing and submitting the recertification application. Credits must be earned within the credentialing cycle. Proof of attendance at training should not be attached to the application; however, proof of attendance may be requested by the NBCOE at any time. It is the responsibility of the COE designate to keep a file of all relevant activities. Each year ten percent of each certification class is randomly audited. Only these COEs must submit copies of documentation for the required continuing education requirements. Please refer to the CEs for COE page on the ASOA website for more information.

**Credit Shortage:** Those who fail to recertify during the regular cycle are given up to three additional years to recertify using alternative criteria. This requires documentation of 68 hours of qualifying continuing education (50 + 18) for the first year; 84 hours during the second year (50 + 34); and 100 hours for the third year (50+50). There is an additional fee for recertifying outside of the regular cycle. Individuals who have not earned the required continuing education hours within a given three-year credentialing cycle and choose not to retake the COE Exam may no longer use the COE designation.



# **Recertification Application**

Return Application, Record of Continuing Education Credits, and payment (\$150 ASOA members; \$200 non-members) to ASOA by email (asoa@asoa.org; or mail (ASOA, 12587 Fair Lakes Circle | Suite 348 | Fairfax VA 22033)

Questions? Contact ASOA at 703-788-5777, asoa@asoa.org.

ASOA Member ID#	Certi	fication Expires	
Last Name	First Name	MI	
Company/Organization: (current)			
Business Address			
City/State/Zip Code			
Business Telephone: (include area code	)		
Home Address			
City/State/Zip Code			
Home Telephone: (include area code) _			
Email address (REQUIRED)			
Payment Information			
Select one:   Check   VISA   MC   A	MX DISCOVER		
Name on Card			-
Account Number	Expiration	on Date	
CSV (3 digits VISA, MC DISC; 4 digits AM	IX)	_	
I authorize ASCRS/ASOA to charge thi	is account for the amount s	shown above	
Cardholder's Signature			

During the time of inactive status, the COE credential may not be used.



## **Record of Continuing Education Credits Earned**

List all continuing education credits earned during the past three years. If your application is selected for audit purposes, you will be asked to provide supporting documentation under separate cover.

I certify that all statements made in this record are true. Signature								
Continuing Education Activity (attach separate sheet if necessary)	Location and Date	Sponsored by	Number of Hours	Number of Credits				
				Cat A	Cat B	Cat C		
Example: ASOA Annual Meeting	Washington, D.C. 2022	ASOA	21	21				
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#### **RETURN FORMS TO:**

**TOTAL** 

Printed Name \_\_\_\_\_

Email: asoa@asoa.org

Questions? Email asoa@asoa.org or call ASOA at 703-788-5777