

# CMP Declaration Form

Note: One Declaration Form must be submitted for each certification you wish to revalidate.



American Society for  
Clinical Pathology  
Board of Certification

LBX 3335

## 1: Payment Category C M P

### \$75 Check/Money Order/Credit Card

Required if you have not paid your current \$89 Member dues and have not been an ASCP Member for at least three consecutive years. (Do not submit member dues with this form.)

### ASCP Member CMP Fee Voucher (valid through 12/30/10)

Valid only if you have paid your current \$89 Member dues and have been an ASCP Member for at least **three consecutive years**. (Do not submit member dues with this form.)

### \$15 for Additional Certification

Submit one Declaration Form for each certification.

### \$50 Reinstatement Fee

Required if your certification has expired. This form must be sent with a Fee Voucher (if applicable) or \$75 CMP fee.

\$    AMOUNT SUBMITTED\* TOTAL

Please add all fees that apply.

\*Application fees are not refundable.

## 2: Payment Information

### Check/Money Order

Credit Card:  Visa  Master Card  AMEX

Credit Card Number

-     -     -

Expiration Date   /   Fee Amount \$

Name of Cardholder (PLEASE PRINT)

Signature

## 3: Personal Information (Fill out completely. Print plainly in black ink.)

U.S. Social Security Number    -   -

Mr.  Mrs.  Miss  Ms.

Last Name

Maiden Name (if applicable)

Email Address

Home Address

City

State

Zip Code

-

Country (if foreign)

Birth Date

mm dd yyyy

My address has changed.

My name has changed (documentation enclosed).

**Name Change:** If your name has changed and you have not yet notified our office, please do so by sending a photo copy of your marriage license or court order by fax 312.541.4845 or mail to ASCP Board of Certification, 33 W. Monroe St., Suite 1600, Chicago, IL 60603.

## 4: ASCP Certification: Please list your certification information for the category you wish to revalidate.

Required Participant  Voluntary Participant

ASCP ID#

Category

Certification # (if known)

Date Certified

/

**5: Activities Description List:** Activities must be related to area of specialty and safety. *(Attach additional pages as needed.)*

Please provide the specific area of interest/specialty for each activity, e.g. blood banking, chemistry, hematology, immunology, etc.

**One (1) CMP point = One (1) Contact hour = One (1) CMLE Credit**

Activities	Area of Interest/ Specialty (Required)	Course Title	Participation Date	CMP Points/ Contact Hours
Formal continuing education courses, teleconferences, subscription or online courses where formal continuing education credits are awarded.	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Employer-offered courses, in service programs, vendor-sponsored course.	Area of Interest/ Specialty (Required)	Course Title	Participation Date	CMP Points/ Contact Hours
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Formal College/University coursework.	College Title and Name of College/University	Course Title	Participation Date	CMP Points/ Contact Hours
	1. _____	_____	_____	
	_____	_____	_____	
	2. _____	_____	_____	
_____	_____	_____		
			<b>Total Points</b>	

**6: Activities Description List:** Continued. *(Attach additional pages as needed.)*

ASCP ID # \_\_\_\_\_

For current CMP guidelines for point equivalency, please refer to the ASCP website ([www.ascp.org/certification/cmp](http://www.ascp.org/certification/cmp)).

<b>Activities</b>	<b>Institution/Supervisor's Name</b>	<b>Assessment Date</b>	<b>CMP Points</b>
Competence assessment by employer. <i>(Maximum of 4 pts accepted)</i>	_____	_____	
	_____	_____	
	<b>Course Title</b>	<b>Presentation Date</b>	<b>CMP Points</b>
Presentation of workshop or course. <i>(You can receive credit only for the first time a presentation is given)</i>	_____	_____	
	_____	_____	
	<b>Name of Book, Doctoral Dissertation</b>	<b>Publication Date</b>	<b>CMP Points</b>
Authoring a book or book chapter, doctoral dissertation.	_____	_____	
	_____	_____	
	<b>Book Title</b>	<b>Publication Date</b>	<b>CMP Points</b>
Editing a book.	_____	_____	
	_____	_____	
	<b>Description of Poster/Exhibit</b>	<b>Presentation Date</b>	<b>CMP Points</b>
Presenting posters/exhibits.	_____	_____	
	_____	_____	
	<b>Titles</b>	<b>Publication Date</b>	<b>CMP Points</b>
Journal articles, master thesis.	_____	_____	
	_____	_____	
	<b>Committee Name/Organization</b>	<b>Dates of Service</b>	<b>CMP Points</b>
Serving on examination committees, committees or boards related to the profession.	_____	_____	
	_____	_____	
	<b>Names of Institution Inspected &amp; Accreditation Agency</b>	<b>Date</b>	<b>CMP Points</b>
Role of on-site inspector for NAACLS/ CAAHEP accredited programs or laboratory inspections for laboratory accreditation <i>(JCAHO, CAP, etc.)</i>	_____	_____	
	_____	_____	
		<b>Total Points</b>	



# American Society for Clinical Pathology Board of Certification

**7: Pledge of Authenticity:** Please read and sign below. Any declaration received without a signature will be considered incomplete.

By submitting and signing this declaration, I acknowledge that this declaration form will be reviewed and that an audit may be conducted in accordance with the rules and policies adopted by the ASCP Board of Certification. I agree to hold harmless the members, examiners, officers, and agents of the ASCP Board of Certification from any and all actions that they may take, or refrain from taking, pursuant to such rules and policies.

I certify that all information contained in this declaration form, as well as any information that I may submit in support of this declaration form is true and correct to the best of my knowledge and belief. I authorize representatives of the ASCP Board of Certification to verify the accuracy of any information contained in, or supplied in support of, this declaration form from any person or persons having knowledge of such information. I recognize that successful completion of the Certification Maintenance Program is based on the correctness of the information contained in, and supplied in support of, this declaration form.

I further recognize that the certificate I may be granted, may be revoked at any time, and that I may be barred from participation in future ASCP certification and/or Certification Maintenance Programs, if it is established that the information contained in, or supplied in support of, this declaration form is inaccurate in any material respect or if it determined that I have misrepresented or misused the certificate I may receive upon successful completion of this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please complete the Declaration Form, enclose the required fee (by check or money order made payable to the ASCP Board of Certification or provide credit card information, or if applicable, the CMP voucher) and mail to:***

Declaration Form with Check/Money Order/Credit Card **only:**

ASCP Board of Certification  
3335 Eagle Way  
Chicago, IL 60678-1033

Declaration Form with Fee Voucher **only:**

ASCP Board of Certification  
33 West Monroe Street, Suite 1600  
Chicago, IL 60603-5617

**FAXED DECLARATION FORMS WILL NOT BE ACCEPTED.**

***If your declaration form is chosen for audit, you will be notified by mail. Do not use the above Eagle Way address for Federal Express, Express Mail, certified, registered or any overnight courier service.***