

Phone

Tobacco Treatment Specialist Recertification

Recertification Application for Certified Tobacco Treatment Specialist

Please submit completed application, documentation (certificate of attendance) indicating continuing education hours/continuing medical
education credits, number of hours attended, title of presentation/course, name of the speaker, and date of presentation and signature of
course director, along with this form and payment.

Payment preference ☐ Credit card payment – Online; mail recertification application form to address below: ☐ Check - Mail check along with your recertification application form to address below: **Mayo Clinic** Nicotine Education Program Colonial Building 3-10 200 First Street SW Rochester, MN 55905 **Application Information** (please print or type) Original Course Dates Name (First, Middle, Last) Street Address City State ZIP Code Country Email

Documentation of Continuing Education

- Recertification will require documentation of 18 Continuing Education Hours/Continuing Medical Education credits granted by an accredited
 organization (all credits must be specific to treatment of tobacco use and dependence over the 2-year certification period).
- For hours claimed that are part of a longer course, please include a copy of the program agenda, indicating the presentations for which you are seeking credit hours. CEH/CME credits are awarded for actual time in class, and cannot include lunch and break periods.
- It is the responsibility of the individual to submit the required documentation of credits at least 1 month prior to the certification expiration date.
- Participant is considered to be in the "Inactive Status" phase of certification when recertification is more than 30 days past the certification expiration date.
- Participant may remain on "Inactive Status" for a maximum of 6 months past the certification expiration date.
- Participant may recertify during "Inactive Status" time frame for \$100.00 fee.
- Participant is considered to be in the "Lapsed Status" when their "Inactive Status" expires. This is considered permanent and the participant must retake the entire 5-day Tobacco Treatment Specialist Certification Program in order to re-qualify for certification.

Name of Conference/Program/Courses		Date (Month DD, YYYY)	Number of CEH/CME Credits
		_	
	ve (during two-year certification time frame	e)	
Checklist of Items to s ☐ Recertification Application Form			
☐ Recertification Payment of \$30, increases to \$100 if 30 days or more past certification expiration date			
☐ Identify hours/credits claimed ab		·	
☐ Attach formal documentation (certificate of attendance) with claimed credit			
☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature.			
Signature		Da	te (Month DD, YYYY)
Access the second			
Office Use Only Date Received (Month DD, YYYY)	Reviewed By		Date Approved (Month DD, YYYY)
Dale neceiveu (Monun DD, 1111)	neviewed by		שמנפ Approveu (וווטוווויטט, דדדד)