



## **CPSO Three Year Re-Certification Documentation Summary Report**

CPSO holders must validate continued job experience and relevant continuing education for the previous three-year period to remain certified. Please complete/sign this Summary Report. Ensure the report arrives at the Board **no later than December 31. Enclose the \$35.00 re-certification fee with the report.** You can pay online using our secure E-portal ([www.chcm-chsp.org](http://www.chcm-chsp.org)) or provide credit card info and fax the report to: 205-663-9541. The CPSO re-certification requirements are both practical and easy to attain. CPSO holders can elect to re-take the CPSO Exam in lieu of meeting the re-certification experience and continuing education requirements. Direct questions to the Board at 205-664-8412 or email: [information@chcm-chsp.org](mailto:information@chcm-chsp.org)

**Please Note: Do not include any back-up documentation or certificates with this report. However, you will be required to furnish documentation if selected for an audit. CPSO professionals not re-certifying in a timely fashion may have their credentials suspended or revoked.**

**Name:** \_\_\_\_\_ CPSO Certification # \_\_\_\_\_

Home Address, City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Address, City, State, Zip \_\_\_\_\_ Mobile or Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **RE-CERTIFICATION OPTIONS**

For the three-year re-certification period, indicate your experience and continuous education by checking one of the following options:

I. 3000 hours of professional practice in a patient-safety related position and 45 contact hours of appropriate continuing education. (Those working fulltime in patient safety related positions or activities)

II. 1800 hours of professional practice in patient-safety related activities and 60 contact hours of appropriate continuing education. (Those working less than full-time, patient safety consultants, or healthcare executives)

### **SUMMARY OF CONTINUING EDUCATIONAL ACTIVITIES**

(Note: Use Reverse or Attach Additional Sheets/Spread Sheet Summaries)

**Course Name**                      **Contact Hours**                      **Date(s) Attended**                      **Course Sponsor**

### **College/University Courses**

**Course Name**                      **Semester Hours**                      **Date(s) Attended**                      **Name of Institution**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Check/M.O. To:  
**(BCHCM)**  
**PO Box 515**  
**Helena, AL 35080**

(Pay Online at: [www.chcm-chsp.org](http://www.chcm-chsp.org))



Or complete information below:

**\$35.00 Re-certification Fee**

Card Holder (Full Name) \_\_\_\_\_

Visa/MasterCard/Amex (Circle One) Card No. \_\_\_\_\_

Exp Date \_\_\_\_\_ 3 or 4-Digit Security Code \_\_\_\_\_ Card Billing Zip Code \_\_\_\_\_