



HAZARD CONTROL ♦ HEALTHCARE SAFETY ♦
PATIENT SAFETY CERTIFICATION

Certified Hazard Control Board
2163 Pelham Parkway, Suite 217
P.O. Box 1662
Pelham, Alabama 35124
Phone: (205) 987-9836 / Fax: (205) 987-9916

RE-CERTIFICATION SUMMARY REPORT

This letter is to notify you that you must complete this Re-certification Summary Report of your experience and educational activity for the five (5) year period ending December 31, **Current Year**. This report must be forwarded to the CHSP Board no later than April 30, **Following Year**, along with the \$35.00 Processing Fee.

**** (We are now accepting **VISA/MASTERCARD** if you would like to fax this form in with your credit card info. (205) 987-9916)****

Re-certification is a standard requirement of most certification programs and provides credibility to the program. The CHSP Board developed a Re-certification program that is practical and not difficult to attain. If you have a problem in meeting the Re-certification requirements, the Board would appreciate feedback so we can strengthen the program and make it more meaningful.

Please Note: Do not include back-up documentation with this report. However, you will be required to furnish documentation of the Re-certification activities you have listed upon notice that you have been selected for an audit.

Your cooperation is appreciated to complete and return this form in order to assure your certification is in good standing and valid.

Name Home Address/City/State/Zip

Tel No Email Address Organization

Current Work Address/City/State/Zip Tel No

Current Job Title Time in this Position Total Years of Experience

RE-CERTIFICATION EXPERIENCE AND EDUCATION

► For the five year re-certification period, indicate your experience and continuous education - check one of the following:

___ I 5000 hours of professional practice in safety related activities and 75 contact hours of continuing education in safety related subjects.

___ II 3000 hours of professional practice in safety related activities and 100 contact hours of continuing education in safety related subjects.

► Briefly describe your experience - duties and responsibilities, etc. (Continue on separate sheet if needed)

► Briefly describe qualifying continuing educational experience and activities for the recertification period ending December 31, Current Year - including college or university courses for credit; seminars and/or workshops; other training or educational experience at conferences, such as, presentations, panel discussions, etc. (Include additional page if necessary.)

I Continuing Educational Activities *(Continue on separate sheet if needed)*

<u>Course Name</u>	<u>Contact Hours</u>	<u>Date(s) Attended</u>	<u>Course Sponsor</u>
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II College/Universities Credit Courses *(Continue on separate sheet if needed)*

<u>Course Name</u>	<u>Semester Hours</u>	<u>Date(s) Attended</u>	<u>Name of Institution</u>
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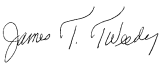
Signature

CHSP No.

Date

Sincerely,

James T. Tweedy


Executive Director



\$35.00 Re-certification Fee

Card Holder (Full Name)_____

Billing Address & Zipcode_____

Visa / Mastercard (Circle One) Card #_____ Exp Date_____

3-digit Security Code_____

FAX TO (205) 987-9916 or Call (205) 987-9836 to give your information via phone.