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Certification Maintenance Worksheet

NAME: _____ CERTIFICATION NUMBER: _____
(First) (Middle) (Last)

PERIOD COVERED: _____ CLSO CMLSO
ADDRESS: _____

(City) (State) (Zip) (Country)

ADDRESS CHANGE: Please check this box if this is an address change or you wish to change your preferred address.

Telephone: Work _____ Home _____ Cell _____
Email _____ Secondary Email: _____

CM worksheets, recertification fee, and any additional applicable fees are due by December 31st of the third year of the 3-year cycle. Failure to recertify by January 31st will result in "Inactive Status." After that time, it will be necessary to retake the exam to become active again. If you have any questions regarding these fees and deadlines, please contact BLS prior to certification expiration.

Please provide required documentation for each category. See the Certification Maintenance Manual for what documentation is required. If you have any questions on acceptable documentation, please contact BLS. Please see the second to last page of this Worksheet for the required signature and date. Thank you.

10 CM points must be accumulated over the three-year reporting period.

1. *ACTIVE LASER SAFETY EXPERIENCE* Points Claimed _____

Maximum: 1.0 CM point per year, 3 CM points per 3-year cycle.

Please summarize your laser safety (work) experience for the period covered in the space provided here.

DATES (Mo/Yr)	NAME OF EMPLOYER	POSITION/TITLE	BRIEF DESCRIPTION OF LASER SAFETY EXPERIENCE	POINTS CLAIMED

2. *LASER SAFETY EDUCATION AND TRAINING*

Points Claimed _____

Maximum: 7.0 CM points total per 3-year cycle.

See CM Manual for point breakdown by time.

SPONSOR	TITLE AND LOCATION OF EDUCATIONAL TRAINING	DATES OF ATTENDANCE	POINTS CLAIMED

3. *PUBLICATION OF PAPERS (ARTICLES)*

Points Claimed _____

Maximum: 3.0 CM points per 3-year cycle.

1.0 CM point will be awarded to the primary author of an original paper published in a *peer-reviewed professional* journal and 1.0 CM point to each additional author. Laser Safety related chapters in books or similar publications would be treated, in most cases, as peer-reviewed.

Non peer-reviewed articles, e.g., published magazine or newsletter articles (print or online) will be evaluated on a case-by-case basis. Accepted submissions will be awarded .5 CM point each. **Please provide a copy of your non peer-reviewed article.**

TITLE OF PAPER	TITLE OF PUBLICATION	DATE OF PUBLICATION	NUMBER OF AUTHORS	POINTS CLAIMED

4. *MEMBERSHIP IN ORGANIZATIONS*

Points Claimed _____

Maximum: 1.0 CM point per year, 3 CM points per 3-year cycle.

ORGANIZATION	YEAR	MEMBER NUMBER

5. *TEACHING*

Points Claimed _____

Maximum: 3.0 CM points per 3-year cycle.

See CM Manual for point breakdown by time.

SPONSOR	TOPICS OF PRESENTATION	TEACHING HOURS	INCLUSIVE DATES	POINTS CLAIMED

6. *ACTIVE PARTICIPATION IN LASER SAFETY STANDARDS OR REGULATIONS COMMITTEE*

Points Claimed _____

Maximum: 1.0 CM point per year, 3 CM points per 3-year cycle.

CM points are awarded at the rate of 1.0 CM point per year for a member of such a committee, external of your organization.

SPONSORING SOCIETY	NAME OF COMMITTEE	STATUS ON COMMITTEE	INCLUSIVE MO/YR DATES	POINTS CLAIMED

7. *ATTENDANCE AT PROFESSIONAL MEETINGS AND CONFERENCES*

Points Claimed _____

Maximum: 4.0 CM points total per 3-year cycle.

See CM Manual for point breakdown by time.

SPONSOR	TITLE AND LOCATION OF MEETING/CONFERENCE	DATES OF ATTENDANCE	POINTS CLAIMED

8. *PRESENTATIONS OR POSTER PAPERS*

Points Claimed _____

Maximum: 2 CM points per 3-year cycle.

Paper presentations ≤ 20 minutes will be awarded .5 CM point. Platform/technical presentations (peer reviewed selection process) at a national or international conference which are > 20 minutes but < 60 minutes will receive 1.0 CM point.

TITLE OF CONFERENCE/MEETING (include date)	TITLE OF PAPER/PRESENTATION	PAPER NUMBER	POINTS CLAIMED

9. *OTHER ACTIVITIES*

Points Claimed _____

You may list other professional activities not covered under Categories 1-8, which you believe may be worthy of consideration by BLS for recertification or pre-approved activities not listed elsewhere on this form.

Maximum: 2.0 CM points per 3-year cycle.

DESCRIPTIONS OF ACTIVITY	SPONSOR	INCLUSIVE DATES	POINTS CLAIMED

I attest that the statements made on this worksheet are true and correct to the best of my knowledge, and that during the period covered by this worksheet, I have not been made aware of any charges against me of unethical practice of laser safety, nor have I been convicted of a felony. I also agree to adhere, to the best of my ability, to the Code of Ethics for the Practice of Laser Safety as published in the Policies and Procedures Manual.

Signature

Date

Approval of your worksheet does not necessarily mean that all points submitted were acceptable and credited toward the total points earned.

Recertification Fee Due: \$150

**IF YOU ARE PAYING BY CREDIT CARD, AN E-INVOICE CAN BE SENT TO YOU
BY FILLING OUT THE FORM ON THE NEXT PAGE.**



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E-INVOICE REQUEST FORM

Instructions: Please type or print legibly using black ink only.

CARDHOLDER NAME: _____ **DATE:** _____
(First) (Middle) (Last)

BILLING ADDRESS SAME AS MAILING: Please check this box if your billing address is the same as your mailing address. If so, filling out the rest of this form is not needed.

BILLING ADDRESS:

(Company name if applicable)

(City) (State/Province) (Postal Code) (Country)

TELEPHONE: _____ **EMAIL:** _____