



12001 Research Parkway, Suite 210
Orlando, FL 32826
Direct Line: 407.985.3810
Fax: 407.380.5588
www.lasersafety.org

APPLICATION FOR CMLSO® EXAMINATION IN LIEU OF POINTS

Instructions:

Fill out this application in its entirety. This form may be photocopied. Please type or print legibly using black ink only.

- Application for CMLSO Renewal via Examination Date: _____
- Computer Based Testing Center
- Remote Proctoring
- Paper & Pencil Exam (see website for list of exam opportunities) : _____
(Location) (Date)

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

PERIOD COVERED: _____ **DATE OF BIRTH:** _____

MAILING 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 _____ Fax _____
Email _____ Cell _____
Alternate Email _____

Examination in Lieu of Points Policy and Procedures

A CMLSO who is unable to achieve the 10 CM points required over the 3-year cycle and wishes to maintain his/her certification may retake the CMLSO exam. The following limitations apply:

- (a) The exam must be taken and passed prior to the end of the 3-year cycle, i.e., before the December 31st expiration date.
- (b) Payment for the exam is due prior to retaking the exam; however, the application process and \$50 fee will be waived.
- (c) The individual has not participated on a BLS Review Board or proctored an exam during the 3-year cycle.

The ability to retake the exam in lieu of submitting points for renewal is available only in year three of the individual's CM cycle. If the candidate does not pass the exam, he/she is no longer certified. If the individual wishes to become certified again, he/she must reapply (submit application, application fee, and references), take and pass the exam, i.e., start over as new.

Please see the last page of this application for the required signature and date. Thank you.

ATTESTATION

I attest that the statements made on this application are true and correct to the best of my knowledge, and that during the period covered by this application, 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)

PAYMENT | RECERTIFICATION FEE DUE: \$150

IF YOU ARE PAYING BY CREDIT CARD, AN E-INVOICE CAN BE SENT TO YOU BY FILLING OUT THE FORM BELOW IN ITS ENTIRETY.

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:** _____