



**American Association of Electrodiagnostic Technologists**

P.O Box 2770  
Cedar Rapids, IA 52406  
877.333.2238  
[www.aaet.info](http://www.aaet.info)

**Education Documentation Form  
For Recertification**

Name
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Address:
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E-mail/Phone
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Certificate No.	Date of Certification:	Expiration Date:
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Continuing Education applies towards **NCS/Neuromuscular diseases only**. *(All other CEs pertaining to EEG, EP, IOM, SSEP will not be approved and hours will not be credited.)*

Proof of a minimum of 30 hours of CE needs to be submitted by the end of the fifth year. A \$75 application fee is required.

- One hour of education equals one education credit.
- 5 CEs are mandatory AAET course hours. These can come in the form of lectures, workshops, webinars, CE papers
- Only 10 CEs of the total 30 CEs can come from home institutions, per 5 year recertification period
- **ALL** events (other than CEs obtained from AAET directly) will need to be submitted with documentation of date, content, presenter and credit hours in order for these to be approved.
- Paperwork and fee should be submitted **prior to the expiration date**, in the year the certification expires.
- View **Rules for Recertification** document for further details on recertification.
- When a technologist's credential expires, re-credentialing is required to reclaim certification.
- When a technologist fails to renew his/her credential, they are not eligible to legally claim certification.

**Incomplete forms will not be accepted.** This form should be submitted with all documentation.

## EDUCATION DOCUMENTATION FORM

Name: \_\_\_\_\_

R.NCS.T. Number: \_\_\_\_\_

COURSE NAME	DATE(S)	LOCATION	TOPIC	INSTRUCTOR	EDUCATION CREDITS ACQUIRED (1 hour = 1 credit)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
TOTAL HOURS					

I understand that providing false information on this form may result in suspension or revocation of my certification.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

Return this form to the AAET Recertification Committee.  
Incomplete forms will be returned.  
ALL forms will be audited for proof of attendance and verification of content.  
Revised March 2016

## EDUCATION DOCUMENTATION FORM

Name: \_\_\_\_\_

R.NCS.T. Number: \_\_\_\_\_

COURSE NAME	DATE(S)	LOCATION	TOPIC	INSTRUCTOR	EDUCATION CREDITS ACQUIRED (1 hour = 1 credit)
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
TOTAL HOURS					

I understand that providing false information on this form may result in suspension or revocation of my certification.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

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## EDUCATION DOCUMENTATION FORM

Name: \_\_\_\_\_

R.NCS.T. Number: \_\_\_\_\_

COURSE NAME	DATE(S)	LOCATION	TOPIC	INSTRUCTOR	EDUCATION CREDITS ACQUIRED (1 hour = 1 credit)
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
TOTAL HOURS					

I understand that providing false information on this form may result in suspension or revocation of my certification.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

Return this form to the AAET Recertification Committee.  
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March 2016