



AAET The Nerve Conduction Association

P.O Box 2770
Cedar Rapids, IA 52406
877.333.2238
www.aaet.info

**Education Documentation Form
For Recertification**

Name

Address:

E-mail/Phone

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 your place of employment, 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 month and 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 May 15, 2017

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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Revised May 15, 2017

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: _____

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 Revised May 15, 2017