

RULES FOR REGISTRATION OF CONTINUING MEDICAL EDUCATION January 2007

Beginning in 2007, NCCAA has new requirements for registration of continuing medical education.

- ☞ Read all sections of this document.
- ☞ Complete the CME submission section.
- ☞ Sign and date the form.
- ☞ Return the form to NCCAA at the above address.
- ☞ Incomplete or unsigned forms will not be processed by NCCAA.
- ☞ Remember to save your original CME documents in case you are audited.

CME Registration Continued certification is contingent upon registration of 40 hours of continuing medical education every two years, including the year in which the CDQ Examination is taken. For each two-year CME registration cycle, forty (40) hours of continuing medical education must be registered in order to obtain CME credit for that two-year period. For each two-year CME registration cycle, CME credit will be registered for continuing medical education which is obtained during that two-year period. Hours exceeding the 40 required hours for a CME registration period will not be registered.

Continuing medical education must be submitted using a current CME registration form (dated Jan 2007 or later) that is mailed to NCCAA, PO Box 15519, Atlanta, GA 30333-0519.

The deadline for CME registration and payment of CME registration fee is June 1st.

CME registration fee for 2007 is \$190. Any change and the effective date of change for CME registration fee will be posted on NCCAA's web site.

NCCAA will accept CME credit for programs approved for continuing medical education credit by the American Medical Association (AMA); the American Association of Physician Assistants (AAPA); and the Accreditation Council for Continuing Medical Education (ACCME).

The content for thirty (30) hours of each registration period must be in the field of anesthesia or one of its subspecialties. The content for the remaining ten (10) hours may be in any medical topic. ACLS instruction will be tabulated as anesthesia-related content.

NCCAA will grant 40 hours of CME credit to any AA-C practitioner who is a full-time student in good standing in an LCME-accredited school of medicine during a two-year CME registration cycle.

Payment of the CME registration fee is due in full upon the registrant's initial submission for CME credit within the two-year cycle. When a check for CME

registration is returned, registration of CME credit will be held in abeyance until the registration fee plus a \$50 returned-check fee are submitted to NCCAA.

If CME registration is being held in abeyance at the deadline for CME registration, then CME registration will be declared void and the anesthesiologist assistant will not be certified.

The practitioner who fails to register CME credit and/or pay the CME registration fee by the June 1st deadline will not be certified by NCCAA and will be notified immediately following the June 1st deadline by certified/return receipt mail that he/she

- o Is not certified by NCCAA and
- o Has until August 31st to bring CME registration, including payment of CME registration fee, up to date or he/she
- o Will be decertified by NCCAA and
- o Will only be able to regain certification by successfully completing a Certifying Examination.

The practitioner who is a candidate for CDQ Examination and who fails to register CME credit and/or pay the CME registration fee by the June 1st deadline will not be certified by NCCAA and will be notified immediately following the June 1st deadline by certified/return receipt mail that he/she

- o Is not certified by NCCAA and
- o Has until August 31st to bring CME registration, including payment of CME registration fee, up to date or he/she
- o Will be decertified by NCCAA and
- o Examination results will be declared void and will not be released and
- o Will only be able to regain certification by successfully completing a Certifying Examination.

CME Audit The National Commission randomly audits CME submissions of practitioners on an annual basis. The practitioner who is selected for audit must comply in full in order to remain certified.

The basis for audit is the CME credit registered

during the preceding two-year CME registration period.

The practitioner who is selected for audit will receive notification of audit via certified/return receipt mail in which an audit form and directions will be included.

CME programs from the preceding two-year CME registration period must be listed legibly on the CME audit form. Incomplete or illegible CME audit forms will be returned without processing.

The CME audit form must be accompanied by complete, legible copies of the original documents of CME credit issued by the granting organization. CME materials will not be returned.

The documents awarding CME credit must state the source of accreditation of the CME granting organization.

The CME audit form must be signed and dated by the practitioner.

The practitioner has 90 days to comply with the audit by completing and returning his/her CME audit form, along with all requisite documents, to NCCAA at PO Box 15519, Atlanta, GA 30333.

The practitioner who complies with and passes the audit will continue to be certified by NCCAA.

The practitioner who fails to comply with the audit or does not pass the audit will be notified by certified/return receipt mail that he/she has been decertified by NCCAA and will only be able to regain certification by successfully completing a Certifying Examination.

If for whatever reason a practitioner cannot submit appropriate documentation for the CME credit registered in the preceding two-year CME registration period, then that practitioner may substitute other CME credit that meets the above guidelines.

CME SUBMISSION FORM

CME Submission Section Complete every part of table below. Sign and date the CME submission statement below. If you have more than four CME activities to submit, photocopy this page.

PRINT Name _____ Certificate Number _____ Certifying Exam Year _____					
PRINT Address (Required) _____					
Name of Organization Awarding CME Credit	Title of CME Activity	Date of CME Activity	Hours	Check One	Check One
				<input type="radio"/> AMA <input type="radio"/> AAPA <input type="radio"/> ACCME	<input type="radio"/> Anesthesia <input type="radio"/> Other
				<input type="radio"/> AMA <input type="radio"/> AAPA <input type="radio"/> ACCME	<input type="radio"/> Anesthesia <input type="radio"/> Other
				<input type="radio"/> AMA <input type="radio"/> AAPA <input type="radio"/> ACCME	<input type="radio"/> Anesthesia <input type="radio"/> Other
				<input type="radio"/> AMA <input type="radio"/> AAPA <input type="radio"/> ACCME	<input type="radio"/> Anesthesia <input type="radio"/> Other

Payment Enclose check or money order for \$190 made payable to NCCAA. Your cancelled form of payment is your receipt. NCCAA does not provide additional receipt documentation.

CME Submission Statement I hereby submit the CME activities listed above declaring that I attended or participated in those activities for the hours listed. I hereby acknowledge receipt of a copy of the **Rules for Registration of Continuing Medical Education (January 2007)** and agree to abide by those rules.

I agree to submit complete documentation (containing the information stated in the rules above) for all CME activities at any time that NCCAA should request such documentation. I agree that failure to submit the documentation within 30 calendar days of NCCAA's written request will result in the previous credit for those CME activities being declared null and void. I acknowledge that if my CME registration falls below the requisite 40 hours for any CME registration period, my certification shall immediately cease, and I will only be able to regain certification by successfully completing a Certifying Examination.

I hereby agree that NCCAA may provide to those agencies, organizations, and other parties who shall so inquire, information regarding my certification status, and I hereby release, discharge, and exonerate NCCAA, Commissioners, Board of Directors, officers, representatives, contractors, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, scores, and reports given with respect to the written examinations; provision of information regarding my certification status; the certification process; or the failure of the Commission to issue me a certificate or verify in any other manner that I have satisfied NCCAA's certification requirements. It is understood that the decision as to whether my examinations and continuing medical education submissions qualify me for certification is vested solely and exclusively in the Commission and that its decision is final.

SIGNATURE

DATE