

-2011-

Office Use
Date: _____
CEC: _____
CPR: _____

Application For C.R.A. Recertification

<p>PLEASE PRINT</p> <p>Section I.</p> <p>NAME: _____</p> <p>PREVIOUS NAME : _____</p> <p>TODAY'S DATE: ____/____/____</p> <p>HOME ADDRESS: _____</p> <p>CITY : _____ STATE: _____</p> <p>ZIP: _____ HOME PHONE:() _____</p> <p>E-MAIL: _____ Please Print</p>	<p>OPS Membership Number: _____ Please Call Membership Office if Uncertain about ID Number</p> <p>BUSINESS ADDRESS: _____</p> <p>_____</p> <p>_____</p> <p>BUSINESS PHONE:() _____</p> <p>ALL CERTIFICATION MAIL WILL BE SENT TO THE HOME ADDRESS</p>
---	---

I hereby request recertification by the Board of Certification of the Ophthalmic Photographers' Society as a **Certified Retinal Angiographer**, subject to the provisions set forth in the O.P.S. requirements for C.R.A. recertification.

2011 Recertification Fee
 Non-Members: \$160.00
 Current Members: \$ 80.00

OPS Membership must be verified BEFORE submission. Call 1-800-403-1677. Payment may be submitted electronically via Credit Card.



How To Renew Your C.R.A. Certification.

- 1) Complete Section 1 above with name, address, and telephone number.
- 2) Complete the **Continuing Education Record Form Section 2** on the reverse side and attach verification of C.E.C. credits.
- 3) Enclose a copy of a **current Red Cross or American Heart Association CPR** certificate.
- 4) Sign and date all application forms.
- 5) **Enclose correct fee. OPS members** are considered those individuals with **CURRENT DUES PAID**. No foreign checks will be accepted. Checks drawn in U.S. dollars or on a U.S. bank will be accepted.
- 6) Make check payable to **Ophthalmic Photographers' Society - Recertification.**

DEADLINE: Recertification forms and fees must be received no later than December 31, 2011.
APPLICATIONS RECEIVED AFTER December 31ST 2011 WILL BE RETURNED TO THE SENDER.

Send application, forms, and payment to:
 Peter Hay, BA, CRA, FOPS
 Director of Ophthalmic Photography
 Retina Vitreous Surgeons of CNY
 3107 East Genesee Street
 Syracuse, New York 13224
 Phone 315-445-8166
 FAX 315-445-2697
 Email: peterhay@twcny.rr.com

DEADLINE DECEMBER 31ST, 2011

OPHTHALMIC
 PHOTOGRAPHERS'
 SOCIETY



MEMBER
 INSTITUTE FOR CREDENTIALING
 EXCELLENCE (ICE)

2009-11 CONTINUING EDUCATION RECORD FORM

Section II.

O.P.S. Approved Continuing Education Courses (Please include proper documentation)	Date :	Sponsored By:	O.P.S. Credit Hours (1:1) Minimum <u>5</u> of 15 OPS CECs' required
<input type="checkbox"/> See enclosed OPS CEC Documentation			Provide Sub-Total: _____
Non-O.P.S. Continuing Education Courses (1:2) (Please include proper documentation)	Date:	Sponsored By:	*Courses Not O.P.S. Approved Credit Hours (1:2) JCAHPO, AMA, etc.
			Provide Sub-Total: _____

* Non-O.P.S. approved courses require 2 hours of instruction time to equal one OPS C.E.C. (1:2) . A maximum of 10 C.E.C.(s) may be applied in this manner.

I attest that I have completed at least the minimum number of hours of continuing education required, and that the information provided here is true and correct to the best of my knowledge. I understand that providing false information may result in the suspension or revocation of my certification.

Applicant's Signature: _____ **Date:** _____

Total Credits:

Applicant Check List

- Copy of **CPR Certificate:**
- Membership Status Verified:**
- Payment Enclosed:**