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# NAMS Menopause Practitioner Competency Examination 2007 Credential Maintenance Application

“The North American Menopause Society (NAMS) congratulates you once again for achieving credential status as a NAMS Menopause Practitioner. We appreciate your choosing NAMS to provide a measurement of your competency in the field. This document has been prepared to assist those whose credential expires at the end of 2007. We trust you will maintain this prestigious designation for another three years.”

— Wulf H. Utian, MD, PhD  
NAMS Executive Director



THE NORTH AMERICAN  
MENOPAUSE SOCIETY

The North American Menopause Society  
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Web Site: [www.menopause.org](http://www.menopause.org)

Founded in 1989, NAMS is North America's leading nonprofit organization dedicated to promoting women's health and quality of life through an understanding of menopause.

## Credential Expiration

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The NAMS Menopause Practitioner credential is valid for a period of three years. For example, if you received your credential at any time during calendar year 2004, you have through December 31, 2007, to maintain it. This expiration date is listed on your certificate. If you no longer have your certificate and do not know your expiration year, please contact NAMS.

**This booklet has been developed to assist those whose expiration year is 2007.**

## Maintenance Options

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To maintain credential status, you have two options:

- Re-examination or
- Submit the appropriate continuing education hours.

The fee for either option is the same:

- \$200 (U.S. funds) for NAMS members;
- \$400 (U.S. funds) for nonmembers.

Detailed instructions are found on the pages that follow.

### **Revocation of Credential**

Please note that your credential may be revoked for any of the following: falsification of an application or documentation provided with the application; failure to pay the required fees; or misrepresentation of credential status. NAMS provides the appeal mechanism for challenging revocation of the credential. It is the responsibility of the individual to initiate the appeal process by written request to NAMS within 30 days of the circumstances leading to the appeal.

## Maintenance Option #1: Re-examination

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To maintain your credential through re-examination, you must:

- Meet the then-current eligibility requirements and
- Pass the then-current examination prior to December 31, 2007.

Currently, NAMS offers the examination during the spring and immediately prior to the Society's Annual Meeting each fall. Please see the *2007 Candidate Handbook* for details and an application ([www.menopause.org/compexam.html](http://www.menopause.org/compexam.html)) or contact NAMS.

If your credential expires, you may no longer use the credential. If you choose to maintain your credential status by re-examination, your NAMS Menopause Practitioner credential will expire if you do not pass the exam by the deadline of December 31, 2007.

## Maintenance Option #2: Continuing Education

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To maintain your credential status through continuing education, you must:

- Meet the then-current eligibility requirements;
- Provide proof that you have earned a total of 45 credit hours of continuing medical education (CME) from an accredited institution between the date you sat for the exam in 2004 and December 31, 2007;
- Provide proof that of the 45 required credit hours of CME, 30 credit hours were awarded by NAMS; and
- Submit the required documentation, plus the appropriate fee, to NAMS between July 1, 2007, but before December 31, 2007.

NAMS credit hours are required because the Society wants to be certain that adequate menopause-related education has occurred. NAMS is continually developing CME activities, including the Annual Meeting, other live events, NAMS books, and NAMS position statements published in *Menopause* (with CME available in print and on the NAMS Web site). A full listing of NAMS activities may be obtained on the NAMS Web site or by calling NAMS. NAMS can also provide you with the current number of NAMS-sponsored CME hours you have already earned.

The remaining 15 credit hours may be CMEs offered through NAMS or other accredited organizations or continuing education units (CEUs) or contact hours offered by other accredited organizations. Please use the following to convert all continuing education to CME credit hours.

1 CME credit hour = 60 minutes = 1 contact hour

1 contact hour = 60 minutes = 0.1 CEU

1 CEU = 10 contact hours = 10 credit hours

If your credential expires, you may no longer use the credential. If you choose to maintain your credential status by submitting continuing education hours, your NAMS Menopause Practitioner credential will expire if any of the following occurs:

- You do not submit a complete application, copy of current licensure, and fee by the deadline of December 31, 2007; or
- Your medical license is not current at the time of the application; or
- You do not submit the required number and type of hours; or
- You do not participate in continuing education activities recognized by NAMS.

After December 31, 2007, this maintenance option will no longer be available. Re-examination is the only way to maintain the credential once it expires.

# Instructions for Completing Your Application Through Continuing Education

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If you choose to maintain your credential status by submitting continuing education hours, the following must be included in your maintenance application. If any of these items is missing, the application is incomplete and will not be processed.

- The completed application form found on page 5. All information must be typed or neatly handwritten.
- Proof of current licensure as a healthcare provider. Do not submit documentation originals.
- Documentation of continuing education activities. Complete the submission form on page 6 and attach copies of requested documentation in chronological order. Do not submit documentation originals.
- Application fee in U.S. funds. Payment must be enclosed or appropriate credit card information provided on the application. The fees for credential maintenance are as follows:

NAMS member: \$200

Nonmember: \$400

Keep one copy of the application form and originals of any supporting documentation for your records. Mail the application and supporting documents between July 1, 2007, but before December 31, 2007, to:

**The North American Menopause Society (NAMS)  
5900 Landerbrook Drive, Suite 390  
Mayfield Heights, OH 44124, USA**

An updated NAMS Menopause Practitioner certificate will be mailed to you in January 2008.

**The North American Menopause Society**  
**Application for 2007 Credential Maintenance through Continuing Education**

**1. PERSONAL INFORMATION (Please print using black, or blue ink.)**

Name (with credentials, such as MD, RNC): \_\_\_\_\_  
(As you wish it to appear on your certificate.)

Social Security Number: \_\_\_\_\_  
(If you do not have a Social Security Number, leave this line blank. A number will be assigned to your record for administrative purposes)

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address(Required for all applicants): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Not a P.O. Box.)

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**2. ELIGIBILITY**

- I am a licensed healthcare practitioner (enclose copy of license).  
 physician     physician assistant     nurse practitioner     nurse midwife  
 nurse     pharmacist     other (please specify): \_\_\_\_\_
- I am a NAMS member

**3. DOCUMENTATION OF CONTINUING EDUCATION HOURS EARNED**

- I have enclosed a copy of the completed form found on page 6.

**4. FEE**

Payment may be made by credit card, personal check, cashier's check, or money order made payable to The North American Menopause Society. All fees must be in U.S. funds drawn on a U.S. bank.

- NAMS member fee \$200 (proof of membership required)     Nonmember fee \$400

If payment is made by credit card, complete the following. This fee will appear on your credit card statement as "NAMS."

- VISA     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVS/CWZ (Security Code on Card): \_\_\_\_\_

Cardholder's City, State/Province: \_\_\_\_\_

Cardholder's Country, Zip/Postal Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**5. SIGNATURE (Sign and date the statement below.)**

I certify that I have read this application in its entirety and the information submitted in this application and the documents enclosed are complete and correct to the best of my knowledge and belief. I understand that, if the information that I have submitted is found to be incomplete or inaccurate, my credential maintenance application may be rejected.

Name (please print): \_\_\_\_\_

**The North American Menopause Society  
2007 Continuing Education Submission Form**

Please use the following table to summarize your continuing education activities. Attach documentation to support the information provided in the table. Submit documentation for each category in chronological order. Do not submit documentation originals. To maintain your NAMS Menopause Practitioner credential, 45 CME credit hours (30 of which must have been awarded from NAMS or from NICOMO member meetings) must have been earned between the date during 2004 when you achieved our credential and December 31, 2007.

<p><b>1. CME from NAMS or NICOMO Member Meetings</b> Must be equal to or greater than 30 credit hours.</p>	Subtotal
<p><b>2. CME and CEU from Other Organizations</b> Please convert all continuing education to CME credit hours.</p>	Subtotal
<p><b>Total CME Credit Hours for Maintenance</b> Must be equal to or greater than 45 credit hours. Documentation must be attached.</p>	

**PLEASE READ, SIGN, AND DATE THE STATEMENT BELOW.**

I hereby submit my materials for credential maintenance by continuing education. I understand and agree to adhere to all rules and regulations adopted by The North American Menopause Society (NAMS). I hereby represent that the information provided by me in connection with this application is true, complete, and correct to the best of my knowledge. I understand that I may be disqualified from the examination, from re-examination, credential maintenance, or from the issuance of a future credential by NAMS or subject to the forfeiture and redelivery of any certificate issued by NAMS in the event that any of the statements made by me on this application form are false.

Signed: \_\_\_\_\_  
Maintenance Program Certificant
Date