

NAMS Certified Menopause Practitioner (NCMP) 2015 Certification Maintenance Application

The North American Menopause Society (NAMS) appreciates your choosing us to provide a measurement of your competency in the field through the NAMS Certified Menopause Practitioner (NCMP) credential. This document has been prepared to assist those whose certification expires at the end of 2015.



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NAMS Mission is to promote the health and quality of life of all women during midlife and beyond through an understanding of menopause and healthy aging.

Certification Expiration

The NAMS Certified Menopause Practitioner (NCMP) certification is valid for a period of 3 years. The expiration date is listed on your certificate. If you no longer have your certificate and do not know your expiration date, please contact NAMS. **This booklet has been developed to assist those whose expiration year is 2015.**

Maintenance Options

To maintain certification status, you have two options:

- Reexamination or
- Submission of appropriate continuing education hours

The fee for either option is the same:

- \$200 (US funds) for NAMS members
- \$400 (US funds) for nonmembers

Detailed instructions are found on the pages that follow.

Maintenance Option #1: Reexamination

To maintain your certification through reexamination, you must

- Meet the current eligibility requirements and
- Pass the current examination before December 31, 2015

Currently, NAMS offers the examination during the spring and immediately before the Society's Annual Meeting each fall. Please see the *2015 Candidate Handbook* for details and an application (www.menopause.org/compexam.aspx) or contact NAMS.

If you choose to maintain your certification status by reexamination, your NAMS Certified Menopause Practitioner (NCMP) certification will expire if you do not pass the exam by the deadline of December 31, 2015.

Maintenance Option #2: Continuing Education

To maintain your certification status through continuing education, you must

- Meet the current eligibility requirements
- Provide proof that you have earned a total of 45 credit hours of continuing education (CE) from an accredited institution
- Provide proof that of the 45 required credit hours of CE, at least 15 credit hours were awarded by NAMS
- Submit the required documentation, plus the appropriate fee, to NAMS between July 1, 2015, and December 31, 2015

For those **renewing their credential for the first time:**

- The 45 credit hours must have been earned between the date you received the NCMP credential and December 31, 2015

For those who **renewed their credential in 2012:**

- The 45 credit hours must have been earned between January 1, 2013, and December 31, 2015

NAMS credit hours are required because the Society wants to be certain that adequate menopause-related education has occurred. NAMS is continually developing CE activities, including the Annual Meeting, NAMS books, and web-based activities. A listing of NAMS activities is available at www.menopause.org/cme_activities. NAMS can also provide you with the current number of NAMS-sponsored CE hours you have already earned.

The remaining 30 credit hours may be CE credits offered through NAMS or other accredited organizations. Courses taken at an accredited institution for credit toward an advanced degree beyond your original clinical degree can be used for recredentialing. All courses offered by other accredited organizations must be related to midlife women's health.

To maintain your certification status by submitting continuing education hours, **you must submit the following by December 31, 2015:**

- A completed application (pages 4-6 of the *2015 Maintenance Application*)
- A copy of your current and valid professional license
- The recertification fee
- Your total number of NAMS credits
- Your total number of other credits

After December 31, 2015, this maintenance option will no longer be available. Reexamination is the only way to renew the certification once it expires.

Instructions for Completing Your Application Through Continuing Education

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

- The completed application form found on pages 4 and 5. All information must be typed or neatly handwritten.
- Copy 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 US funds. Payment must be enclosed or appropriate credit card information provided on the application. The fees for certification maintenance are

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, 2015, and December 31, 2015, 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 2016 along with your 2016 NCMP lapel pin.

Revocation of Certification

Please note that your certification may be revoked for any of the following: falsification of an application or documentation provided with the application; failure to pay the required fees; misrepresentation of certification status; or after review of the responses to the questions on page 5 of this application. NAMS provides the appeal mechanism for challenging revocation of the certification. It is the responsibility of the individual to initiate the appeal process by written request to NAMS within 30 days of the notification of revocation.

The North American Menopause Society

Application for 2015 Certification 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.)

Daytime Telephone Number

Evening Telephone Number

Fax Number

Email 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 a copy of your license).

☐ physician

☐ physician assistant

☐ nurse practitioner

☐ nurse midwife

☐ nurse

☐ pharmacist

☐ other (please specify):

☐ I am a NAMS member. ☐ I am not 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 must 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 US funds drawn on a US bank.

☐ NAMS member fee \$200 ☐ 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

Postal Code

Country

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 I have submitted is found to be incomplete or inaccurate, my certification maintenance application may be rejected.

Name (please print)

Signature

Date

The North American Menopause Society Verification of Valid Licensure

1. Do you have a valid and unrestricted license to practice medicine?
☐ Yes ☐ No ☐ Not applicable
2. Do you have a valid and unrestricted DEA Registration Number?
☐ Yes ☐ No ☐ Not applicable
3. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your privileges ever been suspended, curtailed, or revoked?
☐ Yes ☐ No ☐ Not applicable
4. Have you ever been: (i) convicted of health care fraud or a health care related crime; (ii) suspended, sanctioned, restricted, or excluded from participating in any private, federal, or state health insurance program; (iii) convicted of theft or embezzlement relating to a health care program; (iv) convicted of any crime in the course and scope of your professional employment?
☐ Yes ☐ No
5. Have any adverse circumstances occurred that prevent you from obtaining malpractice insurance?
☐ Yes ☐ No ☐ Not applicable
6. Have you ever been convicted of a felony?
☐ Yes ☐ No
7. If you answered "No" to questions 1 or 2 or "Yes" to any of questions 3-6, please explain:

Name (please print)

Signature

Date

The North American Menopause Society's 2015 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 certification, 45 credit hours (15 of which must have been awarded from NAMS) must have been earned during the eligible period. (See page 2 for details.)

1. CME from NAMS Must be equal to or greater than 15 credit hours.	
	Subtotal
2. CME and CEU from Other Organizations Please convert all continuing education to CME credit hours. (see page 3)	
	Subtotal
Total CME Credit Hours for Maintenance Must be equal to or greater than 45 credit hours. Documentation must be attached.	Total

PLEASE READ, SIGN, AND DATE THE STATEMENT BELOW.

I hereby submit my materials for certification 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 reexamination, certification maintenance, or from the issuance of a future certification by NAMS or subject to 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.

Maintenance Program Certificant Signature

Date