NAMS Certified Menopause Practitioner (NCMP) 2023 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 2023.



The North American Menopause Society 30050 Chagrin Boulevard, Suite 120W Pepper Pike, OH 44124, USA

Telephone: 440/442-7697 Fax: 440/442-2660

Email: elizabeth@menopause.org Website: www.menopause.org 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 2023.**

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:

- \$375 (US funds) for NAMS members
- \$675 (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, 2023

Currently, NAMS offers the examination during the spring and immediately before the Society's Annual Meeting each fall. Please see the *2023 Candidate Handbook* for details and an application (www.menopause.org/for-professionals/ncmp-certification) 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, 2023.

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, 2023, and December 31, 2023

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, 2023

For those who renewed their credential in 2020:

• The 45 credit hours must have been earned between January 1, 2021, and December 31, 2023

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. 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, 2023:**

- A completed application (pages 4-6 of the 2023 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, along with the certificates issuing these credits

If you do not submit a Maintenance Application by December 31, 2023, reexamination will be the only way to renew the certification.

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: \$375 Nonmember: \$675

Send the application and supporting documents between July 1, 2023, and December 31, 2023, via fax to 440/442-2660, email to elizabeth@menopause.org, or mail to The North American Menopause Society (NAMS) 30050 Chagrin Boulevard, Suite 120W Pepper Pike, OH 44124, USA

Keep one copy of the application form and originals of any supporting documentation for your records.

NAMS recommends not requiring signature on delivery of materials as this may delay receipt.

An updated NAMS Menopause Practitioner certificate will be mailed to you in early 2024 along with your 2024 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 2023 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 appea | r on your certificate.) | |
|---|---|---------------------------|--|
| Daytime Telephone Number | Evening Telephone Number | er Fax Number | |
| Email Address (Required for all a | pplicants.) | | |
| Mailing Address (Not a P.O. Box) | 1 | | |
| City | State/Province | Postal Code | Country |
| 2. ELIGIBILITY | | | |
| O I am a licensed he | althcare practitioner (enclos | se a copy of your license | 2). |
| O physician | O physician assistant | O nurse practitioner | O nurse midwife |
| O nurse | O pharmacist | O other (please speci- | fy): |
| O I am a NAMS men | nber. O I am not a NAM | S member. | |
| 3. DOCUMENTATION | OF CONTINUING EDUC | CATION HOURS EAR | NED |
| O I have enclosed a | copy of the completed form | found on page 6. | |
| 4. FEE | | | |
| The North American Meno | credit card, personal check pause Society. All fees mus e \$375 O Nonmember fee | t be in US funds drawn | |
| If payment is made by cred as "NAMS." OVISA | • | | on your credit card statement ver |
| 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 an | d date the statement belo | - | |
| Ö | | | unittad in this application and |
| the documents enclosed a | re complete and correct to to abmitted is found to be inco | the best of my knowledg | omitted in this application and ge and belief. I understand that, by certification maintenance |
| Name (please print) | Signature | | Date |

The North American Menopause Society Verification of Valid Licensure

| Name (please print) | | Signature | Date |
|---|--|---|--|
| | | | |
| | | | |
| 7. If you answer | ed "No" to | o questions 1 or 2 or "Yes" to any of o | questions 3-6, please explain: |
| , | er been co | nvicted of a felony? | |
| insurance? | | umstances occured that prevent you f O Not applicable | rom obtaining maipractice |
| (ii) suspende state health i program; (iv) O Yes | d, sanction nsurance p convicted O No | convicted of health care fraud or a lead, restricted, or excluded from part program; (iii) convicted of theft or em l of any crime in the course and scop | icipating in any private, federal, or abezzlement relating to a health care of your professional employments |
| or have your | privileges | enied membership or reappointment e ever been suspended, curtailed, or r O Not applicable | |
| , | | d unrestricted DEA Registration Num O Not applicable | ber? |
| , | | nd unrestricted license to practice in y O Not applicable | our field? |

The North American Menopause Society's 2023 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.)

| 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. | , |
| | 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 |
|---|------|