



12001 Research Parkway, Ste 210
Orlando, FL 32826
Direct Line: 407.985.3810
bls@lasersafety.org
www.lasersafety.org

APPLICATION FOR CMLSO® EXTENSION YEAR

Instructions:

Fill out this application in its entirety. This form may be photocopied. Please type or print legibly using black ink only.

NAME: _____ CERTIFICATION NUMBER: _____
(First) (Middle) (Last)

ORIGINAL CERTIFICATION PERIOD: _____ DATE: _____

MAILING ADDRESS:

(City) (State) (Zip) (Country)

ADDRESS CHANGE: Please check this box if this is an address change or you wish to change your preferred address.

Work Number: _____ Home Number: _____ Fax: _____
Email: _____ Cell: _____

Extension Year Policy and Procedures

The extension year allows CLSO/CMLSOs one (1) additional year to earn CM points. The point maximums for each category will remain the same. Only new points in categories not fulfilled will be applied towards the 10 CM points needed. If a CLSO/CMLSO meets the requirements to maintain their certification, their new cycle will begin January 1st following the extension year. The following limitations apply:

- The request and payment for both the renewal fee and extension year fee must be submitted no later than December 31st of the original 3-year cycle, i.e., the original certification expiration date
- An extension year may only be requested once every other certification cycle
- A CLSO/CMLSO can only renew by CM points in their extension year
- There is no "grace period" allotted to the fourth year.

The CM worksheet and any other supplemental documentation must be completed and submitted by December 31st of the extension year. If there are any questions concerning the CM form, the BLS will contact the CLSO/CMLSO for clarification. The CLSO/CMLSO will not have the usual sixty (60) days to resolve the situation. If the situation is not resolved by December 31st of the extension year, the CLSO/CMLSO will go to *Inactive Status*.

ATTESTATION

I attest that the statements made on this application are true and correct to the best of my knowledge, and that during the period covered by this application, I have not been made aware of any charges against me of unethical practice of laser safety, nor have I been convicted of a felony. I also agree to adhere, to the best of my ability, to the Code of Ethics for the Practice of Laser Safety as published in the Policies and Procedures Manual.

(Signature)

(Date)

PAYMENT | RECERTIFICATION FEE DUE: \$150 + EXTENSION FEE DUE: \$50

IF YOU ARE PAYING BY CREDIT CARD, AN E-INVOICE CAN BE SENT TO YOU BY FILLING OUT THE FORM BELOW IN ITS ENTIRETY.

Please type or print legibly using black ink only.

CARDHOLDER NAME: _____ **DATE:** _____
(First) (Middle) (Last)

BILLING ADDRESS SAME AS MAILING: Please check this box if your billing address is the same as your mailing address. If so, filling out the rest of this form is not needed.

BILLING ADDRESS:

(Company name if applicable)

(City)

(State/Province)

(Postal Code)

(Country)

TELEPHONE: _____ **EMAIL:** _____