



2. *LASER SAFETY EDUCATION AND TRAINING*

Points Claimed \_\_\_\_\_

Maximum: 7.0 CM points total per 3-year cycle.

See CM Manual for point breakdown by time.

SPONSOR	TITLE AND LOCATION OF EDUCATIONAL TRAINING	DATES OF ATTENDANCE	POINTS CLAIMED

3. *PUBLICATION OF PAPERS (ARTICLES)*

Points Claimed \_\_\_\_\_

Maximum: 3.0 CM points per 3-year cycle.

1.0 CM point will be awarded to the primary author of an original paper published in a *peer-reviewed professional journal* and 1.0 CM point to each additional author. Laser Safety related chapters in books or similar publications would be treated, in most cases, as peer-reviewed.

Non peer-reviewed articles, e.g., published magazine or newsletter articles (print or online) will be evaluated on a case-by-case basis. Accepted submissions will be awarded .5 CM point each. **Please provide a copy of your non peer-reviewed article.**

TITLE OF PAPER	TITLE OF PUBLICATION	DATE OF PUBLICATION	NUMBER OF AUTHORS	POINTS CLAIMED

4. *MEMBERSHIP IN ORGANIZATIONS*

Points Claimed \_\_\_\_\_

Maximum: 1.0 CM point per year, 3 CM points per 3-year cycle.

ORGANIZATION	YEAR	MEMBER NUMBER



8. PRESENTATIONS OR POSTER PAPERS

Points Claimed \_\_\_\_\_

Maximum: 2 CM points per 3-year cycle.

Paper presentations ≤ 20 minutes will be awarded .5 CM point. Platform/technical presentations (peer reviewed selection process) at a national or international conference which are > 20 minutes but < 60 minutes will receive 1.0 CM point.

TITLE OF CONFERENCE/MEETING (include date)	TITLE OF PAPER/PRESENTATION	PAPER NUMBER	POINTS CLAIMED

9. OTHER ACTIVITIES

Points Claimed \_\_\_\_\_

You may list other professional activities not covered under Categories 1-8, which you believe may be worthy of consideration by BLS for recertification or pre-approved activities not listed elsewhere on this form.

Maximum: 2.0 CM points per 3-year cycle.

DESCRIPTIONS OF ACTIVITY	SPONSOR	INCLUSIVE DATES	POINTS CLAIMED

I attest that the statements made on this worksheet are true and correct to the best of my knowledge, and that during the period covered by this worksheet, 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

Approval of your worksheet does not necessarily mean that all points submitted were acceptable and credited toward the total points earned.

**Recertification Fee Due: \$150**

**IF YOU ARE PAYING BY CREDIT CARD, AN E-INVOICE CAN BE SENT TO YOU  
BY FILLING OUT THE FORM ON THE NEXT PAGE.**



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### E-INVOICE REQUEST FORM

**Instructions:**

Fill out this application in its entirety. Please type or print legibly using black ink only.

**CARDHOLDER NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(As it appears on card)

**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:** \_\_\_\_\_