



CPD LOG FOR RECERTIFICATION ACTIVITIES DURING A THREE-YEAR PERIOD

Full Name: _____

NICET ID or Certification Number: _____ Month/Year: _____/_____

Certification Field/Subfield Name: _____

Keep a separate log for each certification you wish to recertify. This will help minimize over and under counting CPD points.

Carefully read Policy #30, “Continuing Professional Development” and its Exhibit I before beginning to fill out your log.

INSTRUCTIONS

NICET encourages and requires professional development through recertification. NICET-certified engineering technicians and technologists, at the end of a three year period are required to demonstrate professional growth via 90 continuing professional development (CPD) points. Using a pre-established point scale, candidates may earn points serving as an active practitioner, additional education, certification activity, participation in advancing your profession, or a special exam.

Your CPD log is required with submission of your Recertification Invoice and payment.

SECTION A: ACTIVE PRACTITIONER

Most of your accumulated points will come from Section A, “Active Practitioner”.

- Complete in chronological order, accounting all relevant engineering technician or related work experience **within your three-year recertification period.** You are encouraged to use a separate page for each (different) employer. Photocopy extra copies of Section A, as needed.
- Any job title or responsibility change occurring with the same employer should be listed separately on the same page. **Include only details of activities pertinent to the certification you wish to recertify.**
- Count conservatively the hours associated with each certification area. This will help you in determining if other activities are necessary for recertification.
- Persons with multiple certifications that are minimally related need only average 2 hours per day to meet the minimum of 500 hours per year to earn 12 points per year as an active practitioner.

SECTION B: ADDITIONAL EDUCATION

- List all relevant college courses, workshops, seminars, and technical presentations at meetings and training sessions—by type—you attended **WITHIN YOUR THREE-YEAR RECERTIFICATION PERIOD.**
- Retain course announcements, certificates of accomplishment, etc. as evidence of participation.

SECTION C: ADVANCED PROFESSION

- List all relevant activities—by type—you participated in **WITHIN YOUR THREE-YEAR RECERTIFICATION PERIOD.**
- Retain invitations to participate, letters of appreciation, etc. as evidence of participation.

SECTION D: CERTIFICATION ACTIVITY

- List all relevant NICET testing/certification as well as all relevant Non-NICET certification activity you participated in **WITHIN YOUR THREE-YEAR RECERTIFICATION PERIOD.**
- Testing/certification activities with incomplete results may be listed – but CPD points cannot be assigned until results are finalized and/or higher levels of certifications awarded.

SECTION E: SPECIAL EXAM

- A Special Exam is not necessary for recertification unless you wish to maintain a certification area in which you are no longer an active practitioner or you need additional CPD points for recertification.

ADDITIONAL INFORMATION:

- Avoid dual counting of hours/activities whenever possible – particularly when you are recertifying in more than one certification area.



Full Name: _____

NICET ID or Certification Number: _____

- We use the same criteria for counting work activities as pertinent to a particular field/subfield as we do for initial or upgraded certification.
- NICET will perform a random audit on a percentage of certificants who submit recertification documents prior to the expiration date. If your application undergoes an audit, you are required to submit documentation for the points you claimed. NOTE: Individuals with multiple certifications have a higher probability of undergoing an audit than those with a single certification. You should keep this log, a copy of Policy #30, and all supporting documentation in a single, convenient, and secure location.
- **You must sign and date your log.**
- You may submit this log electronically to irecert@nicet.org. For the purpose of electronic processing, an electronic signature constitutes the same as a handwritten signature. By submitting this form electronically, you are agreeing that you have read and understood all instructions and accept conditions set forth within.



Full Name: _____

NICET ID or Certification Number: _____

SECTION A. ACTIVE PRACTITIONER (Exhibit I, Paragraph II.A.)

REMINDER: It is recommended that you list only one employer per page. You may make additional copies of this form as needed.

| Dates of Employment (during CPD period) | | List in the column below: a) Name & address of employer; b) Your title(s); c) Name & title of your immediate supervisor; and d) Description of your duties and job responsibilities. |
|--|---------------|--|
| From (Mo/Yr) | To (Mo/Yr) | |
| | | |



Full Name: _____

NICET ID or Certification Number: _____

SECTION B. ADDITIONAL EDUCATION (Exhibit I, Paragraph II.B.)

COLLEGE CREDIT COURSES RELATED TO CERTIFICATION AREA

| Name of School | Course Title/Description | Date(s) Attended | | No. of Hrs Earned _____/_____ Semester Quarter | CPD Points |
|----------------|--------------------------|------------------|----|--|------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OFFERINGS WITH PREASSIGNED CEU's RELATED TO CERTIFICATION AREA

| Name of Sponsor | Course Title and Description | Date(s) Attended | | Number CEUs | CPD Points |
|-----------------|------------------------------|------------------|----|-------------|------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

OTHER OFFERINGS (FORMAL/INFORMAL) RELATED TO CERTIFICATION AREA

| Name of Sponsor | Title and Description | Date(s) Attended | | Number of Contact Hours | CPD Points |
|-----------------|-----------------------|------------------|----|-------------------------|------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |



Full Name: _____

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SECTION C. ADVANCED PROFESSION (Exhibit I, Paragraph II.C.)

ACTIVE COMMITTEE/TASK FORCE SERVICE RELATED TO CERTIFICATION AREA

| Name of Organization | Name of Committee/ Task Force | Type of Committee/ Task Force (National, Regional, State, Local) | Title Position | Dates of Service | | CPD Points |
|----------------------|----------------------------------|---|-------------------|------------------|----|---------------|
| | | | | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

PRESENTATIONS RELATED TO CERTIFICATION AREA

| Name of Sponsor | Type of Presentation | Title/Description | Role | Date(s) | CPD Points |
|-----------------|----------------------|-------------------|------|---------|---------------|
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| | | | | | |
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COURSE INSTRUCTION RELATED TO CERTIFICATION AREA

| Name of Sponsor | Course Title/Description | Contact Hrs./Semester Hrs./Quarter Hrs. | Dates | | CPD Points |
|-----------------|--------------------------|---|-------|----|---------------|
| | | | From | To | |
| | | | | | |
| | | | | | |
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CAREER DAY PRESENTER RELATED TO CERTIFICATION AREA

| Name of Sponsor | Event Title | Location | Student Level | Date | CPD Points |
|-----------------|-------------|----------|---------------|------|---------------|
| | | | | | |
| | | | | | |
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PROFESSIONAL SOCIETY ACTIVITY RELATED TO CERTIFICATION AREA

| Name of Organization | Type of Participation | Date(s) of Service/Attendance | CPD Points |
|----------------------|-----------------------|-------------------------------|---------------|
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| | | | |
| | | | |



Full Name: _____

NICET ID or Certification Number: _____

SECTION D. CERTIFICATION ACTIVITY (Exhibit I, Paragraph II.D.)

NICET CERTIFICATION ACTIVITY (I.E. UPGRADE, INITIAL CERTIFICATION RELATED AREA)

| Work Element Format (Enter Passed Elements/Exam Req. Met OR Awarded) | | | | CPD Points | Standard Model Format (Select only one.) | | | |
|---|-----------------|---------------|---------|------------|---|---------------|---------|------------|
| Date | Passed Elements | Exam Req. Met | Awarded | | Date | Exam Req. Met | Awarded | CPD Points |
| | | | | | | | | |
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NON-NICET CERTIFICATION ACTIVITY IN A RELATED PRACTICE AREA

| Name of Provider | Certification Title/Level | CPD Points |
|------------------|---------------------------|------------|
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| | | |
| | | |

SECTION E. SPECIAL EXAM

CPD points may be claimed only if a passing score is achieved on the special exam.

| | |
|---------------|-------------|
| Date of Exam: | CPD Points: |
|---------------|-------------|

SIGN AND DATE (REQUIRED)

I certify that the information submitted in this application package is correct, factual and complete. I understand that any misrepresentation of information can result in the rejection of this application and the revocation of any/all NICET certifications issued in my name. I further certify that I have read and I understand the NICET Continuing Professional Development policy; I accept the conditions set forth; and I have accurately stated my wishes and all CPD points in accordance with NICET's Policy #30 (Continuing Professional Development). I understand that the payment is nonrefundable and that I may be asked to submit documentation supporting my CPD points as a requirement for recertification.

By submitting this form electronically, you are agreeing that you have read and understood all instructions and accept conditions set forth within. Individuals who are mailing the form must sign and date below. For the purpose of electronic processing, an electronic signature constitutes the same as a handwritten signature.

Signature: _____

Date: _____