

# **Guidelines for MSCS Recertification**

## **DURATION OF CERTIFICATION**

The Multiple Sclerosis Certified Specialist (MSCS) certification is recognized for five years. The expiration date of the MSCS certificate is the fifth year after certification. For those who certified in February, the expiration date will be June 30th, and those who certified in August, the expiration date will be December 31st. To renew certification, the applicant must choose one of the three options listed below. Eligible learning activities and practice hours must be obtained during the five-year certification period

Prior to certificate expiration, you must obtain an MSCS Recertification Application Form. The form is enclosed with this letter and will be also available through the Professional Testing Corporation (PTC)\* by written request or from their website. It is the responsibility of the MSCS to initiate the recertification process and to notify PTC or the Consortium of Multiple Sclerosis Centers of any name or address change. The deadline for recertification submissions for each certified group will be identified in the application package and website. Applications received after the application deadlines are subject to a \$75.00 late administration fee. *Applications received after certification expiration will be denied.* At this point, candidates will need to rewrite and pass the certification examination to maintain their MSCS.

### **Lapsed Certification**

If you do not recertify when the five-year term has ended, your MSCS certification is considered lapsed. To regain certification you must meet the eligibility criteria. Submit application for initial certification and write and pass the certification examination.

**Application for recertification must be submitted at least 3 months prior to expiration date.**

### **Application Deadlines:**

**April 1<sup>st</sup> for June 30<sup>th</sup> certification expiration**

**September 30<sup>th</sup> for December 31<sup>st</sup> certification expiration**

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## **ELIGIBILITY FOR RECERTIFICATION**

Current licensure as a health care professional or the equivalent country regulatory requirement.

- Completion and filing of the MSCS Recertification Application form with required payment
- There are three options available to fulfill recertification requirements:
  - *Option 1:* Retaking and passing the certification examination or
  - *Option 2:* Obtaining 75 MS learning activity hours over the previous 5 years or
  - *Option 3:* Having 1000 MS practice hours and 50 MS learning activity hours over the previous 5 years

### **What are MS Learning Activities?**

Multiple Sclerosis professional learning activities include MS-related courses, presentations, conferences; publications, independent study, and professional development (see guidelines for learning activities).

### **Definition of MS Practice Hours**

Multiple Sclerosis practice hours include clinical practice, consultation, research, administration, or education related to the field of multiple sclerosis.

- Candidates for recertification who fail the examination cannot then recertify with learning activities or practice hours and learning activities.
- One learning activity hour equals one clock hour.

## **GUIDELINES FOR LEARNING ACTIVITIES (LA)**

All learning activities must be obtained during the 5-year certification period.

### **Academic Courses**

- The course must be applicable to MS professional care or research.
- Courses taken toward degree completion can be counted if they apply to MS care. For example, a MSCS taking a family studies course towards a degree has focused one's assignment on family issues in MS care.
- Allow one LA hour for every hour you spend attending the course (i.e., 2 hours/week x 10 weeks = 20 LA hours).
- Academic courses shall not exceed 20 LA hours over the 5-year certification period.
- Ph.D. degree/dissertation equals 40 LA hours. Must be completed within the 5-year certification period.
- Master's degree/thesis equals 20 LA hours. Must be completed within the 5-year certification period.

### **Conferences, Teleconferences, Videoconferences, Seminars, Workshops, and Internet Offerings**

- Must be related to MS care or research. One LA hour for 1 hour in attendance.
- Maximum 50 LA hours.

### **In-Service for Staff**

- Attendance at a staff MS-related education session (i.e., medical grand rounds or physiotherapy in-service on the benefits of stretching exercises for spasticity). One LA for 1 hour in attendance.
- Maximum 10 LA hours.

### **Participating in Certification Examination Development**

- Examples include translating exam, participating in item review, and item writing for the exam.
- Exam content must be MS-related.
- Five exam items are worth 3 LA hours.
- Item writing and item review are worth 10 LA hours.
- Maximum 10 LA hours.

### **MS Practice**

- Involved in the development, implementation, or publication of MS practice guidelines, pathways, or protocols.
- One LA hour for 1 hour of participation.
- Maximum 15 LA hours.

### **Independent Study**

- Completing the requirements for continuing education credits related to MS articles in professional journals, on-line journals, on-line MS education monographs. Follow the continuing education credit submission guidelines as outlined by the journal.
- Learning activities will equal credits allotted by the journal.
- Maximum 50 LA hours.

## **Research**

- Research activities must relate to MS professional care.
- Research activities are defined as conducting a study, participation in collaborative study, or utilizing of research in practice (critique of research article; implement evidence-based care).
- Participation in clinical drug trials does not fulfill the LA criteria.
- Each hour of research activity counts as one LA for maximum of 15 hours.

## **Publication**

- Publication of material relevant to MS care.
- LA hours allotted:
  - For authorship or co-authorship of a book, 20 LA hours.
  - For contribution to a book chapter, journal article, monograph, or patient education pamphlet, 10 LA hours.
  - Maximum 40 LA hours.

## **Poster Presentation**

- One poster equals 3 LA hours.
- Maximum 15 LA hours.

## **Presenter/Lecturer**

- Presentation or lectures to other health professionals or community groups on topics related to MS.
- Each presentation hour is worth one LA (e.g., 1 hour presentation + 2 hours preparation = 3 LA hours).
- Duplication of presentation cannot be counted toward LA unless the presentation was revised.
- Maximum 15 LA hours.

## **Professional Committee Membership**

- The committee must be applicable to MS care.
- Maximum 15 LA hours.

## **Keeping Track of Learning Activities**

Professionally and ethically you are the best judge of which learning activities apply toward recertification.

- Keep a list of all learning activities identifying activity, sponsor or provider, date of activity and hours of activity. For example: attended CMSC 2003 annual conference, sponsored by the Consortium of MS Centers, May 28 to June 1, 5 hrs/day for 25 hours or 25 LA hours.
- Submit your list at the time of application for recertification.
- Maintain a file of all LA documentation (e.g., educational certificates, course outlines etc.).

## Quality Assurance Audits

The MS Specialist Certification Project Committee will randomly audit 10% of the candidates applying for recertification by learning activities. If you are audited, you will be required to provide documented proof of learning activities so keep your file up to date. All learning activities must be obtained during the 5-year certification period. Professionally and ethically you are the best judge of which learning activities apply toward certification.

### Contact Sources

\* Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, New York, 10018 USA ([www.ptcny.com](http://www.ptcny.com))

\*\* MSCS c/o CMSC, 359 Main Street, Suite A, Hackensack, NJ 07601 USA ([www.msca.org](http://www.msca.org))

## COMPLETION OF APPLICATION

### PAGES 1 and 2

Use only a **NUMBER 2** pencil to complete pages 1 and 2 of the Application. Please follow marking instructions to avoid delay in processing your Application. *This Application will be scanned by computer, so please make your marks heavy and dark. Please print uppercase letters only, and avoid contact with the edge of the box. See the example provided on Application.*

**CANDIDATE INFORMATION (Page 1):** Starting at the top of page 1 of the Application, print the following information in boxes as directed in the Application.

- Enter your name in the appropriate boxes.
- Enter your mailing address and phone numbers in the rows of boxes provided.
- Enter your current email address.
- Dates for initial MSCS certification and the most recent certification in the specified format.

### ELIGIBILITY AND BACKGROUND INFORMATION (Page 1 and Page 2):

In this section of the Application, a series of questions are asked to collect your background information. Fill in the circle next to the response you select to each question. **NOTE:** *All questions must be answered.*

**OPTIONAL INFORMATION (Page 2):** The information requested relating to race, gender, and age is optional. It is requested to assist in complying with equal opportunity guidelines. It will be used only in statistical summaries and will in no way affect your recertification.

### CANDIDATE SIGNATURE (Page 2):

Your signature consenting to the statement in the box. (Do not sign and date the Application until you have completed all information requested on Pages 1, 2, 3, and 4.) **Applications without signature will not be accepted.**

### PAGES 3 and 4

Following the directions on Pages 3 and 4, complete the documentation of Learning Activities (LA) hours in full. After you have completed all requested information, sign and date the authorizing statement on Page 4, then turn back to Page 2 and sign and date the Application in the space provided.

**NOTE:** *Unsigned Applications will not be accepted.* Mail the completed Application together with required documentation and the appropriate fee to:

**MSCS RECERTIFICATION  
1350 Broadway, Suite 1705  
NEW YORK, NY 10018**

**FEES**

Application fee for Recertification of Multiple Sclerosis Specialist through Learning Activities:..... \$250.00

Late administration fee for applications submitted after application deadline .....\$75.00

**Note: There will be no refunds of recertification application fees.**

**Make check or money order payable to: Professional Testing Corporation. Credit cards are also accepted. Complete Credit Card Payment section on Page 2 of Application.**

**\*PLEASE SUBMIT YOUR COMPLETED APPLICATION AND FEE BY THE FOLLOWING DATE:**

**September 30<sup>th</sup> for December 31<sup>st</sup> certification expiration**

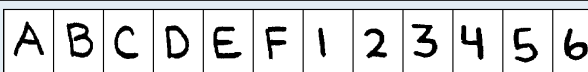
**\*\*Recertification application sent after application deadlines must include late administration fee in addition to the application fee.**

**\*\*\*Recertification applications received after *expiration dates* will be denied.**

# Application for Recertification of Multiple Sclerosis Specialist through Learning Activities



**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.



## Candidate Information

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_

## Recertification Information

Most Recent MSCS Certificate Number (required) \_\_\_\_\_

ENTER TOTAL NUMBER OF HOURS OF LEARNING ACTIVITIES (From Page 3): \_\_\_\_\_

Date of Initial Certification \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Most Recent Certification (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month Day Year

ENTER TOTAL NUMBER OF MS PRACTICE HOURS (From Page 4): \_\_\_\_\_

Credentials \_\_\_\_\_

## Eligibility and Background Information

*Darken only one choice for each question unless otherwise directed.*

**A.. HEALTH PROFESSION:** *(Darken only one response.) (proof of current license must be provided.)*

- Occupational Therapist
- Physical Therapist/ Physiotherapist
- Registered Nurse
- Speech/Language Pathologist
- Recreational Therapist
- Physician Assistant
- Psychologist
- Social Worker
- Physician
- Licensed Practical/Vocational Nurse
- Physical/Occupational/Rehab/Medical Assistant
- Other (Specify) \_\_\_\_\_

**B. PERCENT OF WORKING TIME CURRENTLY SPENT IN MULTIPLE SCLEROSIS CARE:**

- Less than 20%
- 20 to 50%
- 51 to 80%
- More than 80%

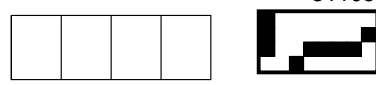
**C. YEARS OF EXPERIENCE IN MULTIPLE SCLEROSIS CARE:**

- Less than 1
- 1 to 2
- 3 to 5
- 6 to 10
- More than 10

**D. HIGHEST ACADEMIC LEVEL ATTAINED:**

- High School Graduate or Equivalent
- Associate Degree
- Bachelors Degree
- Masters Degree
- Doctoral Degree
- Other

*(Continue on page 2)*



# Application for Recertification of Multiple Sclerosis Specialist through Learning Activities



## Eligibility and Background Information

|  |  |
|--|--|
| <p><b>E. PRIMARY PRACTICE SETTING:</b> <i>(Darken only one response.)</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> Physician Office</li> <li><input type="radio"/> Rehabilitation Center</li> <li><input type="radio"/> Hospital</li> <li><input type="radio"/> Multiple Sclerosis Center or Clinic</li> <li><input type="radio"/> Home or Community Care</li> <li><input type="radio"/> Nursing Home</li> <li><input type="radio"/> Pharmaceutical or Other Commercial Organization</li> <li><input type="radio"/> Research Facility</li> <li><input type="radio"/> Academic</li> </ul> | <p><b>F. MEMBER OF CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS (CMSC)?</b></p> <p><input type="radio"/> No    <input type="radio"/> Yes</p> <p><i>Note: Membership in CMSC is not required.</i></p> <p><b>G. HAVE YOU ATTENDED AN MS EDUCATIONAL EVENT DURING THE PAST YEAR?</b></p> <p><input type="radio"/> No    <input type="radio"/> Yes</p> |
|--|--|

## Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

|   |  |  |
|---|--|--|
| <p><b>Race</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> African American</li> <li><input type="radio"/> Asian</li> <li><input type="radio"/> Hispanic</li> <li><input type="radio"/> Native American</li> <li><input type="radio"/> White</li> <li><input type="radio"/> Other</li> </ul> | <p><b>Age Range:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Under 25</li> <li><input type="radio"/> 25 to 29</li> <li><input type="radio"/> 30 to 39</li> <li><input type="radio"/> 40 to 49</li> <li><input type="radio"/> 50 to 59</li> <li><input type="radio"/> 60+</li> </ul> | <p><b>Gender:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Male</li> <li><input type="radio"/> Female</li> </ul> |
|---|--|--|

## Candidate Signature

**COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.**

I have read the Guidelines for Recertification and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Guidelines and is accurate, correct, and complete. I give permission to the CMSC to use demographic information in this Application solely for statistical purposes in supporting recertification.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD PAYMENT** *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card type:  Visa     MasterCard     American Express

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

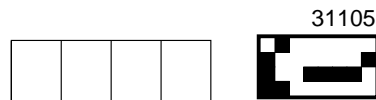
**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ 1151

Fee: \_\_\_\_\_

CC     Check

\_\_\_\_\_







**APPLICATION FOR RECERTIFICATION OF MULTIPLE SCLEROSIS SPECIALIST THROUGH LEARNING ACTIVITIES – CONTINUED** PAGE 4

**MULTIPLE SCLEROSIS PRACTICE HOURS** (Multiple sclerosis practice hours include clinical practice, consultation, research, administration, or education related to the field of multiple sclerosis. To apply through option 3, one must submit 50 learning activity hours AND 1000 MS practice hours over the five-year certification term. Candidates must have written documentation of the number of hours for each program completed. List practice hours in date order, beginning with the most recent. Print or type all information.)

| Full Name of Employer/Hospital and Address | Title/Responsibilities | Dates of Employment<br>From mm/yy to mm/yy | Total Number of<br>Practice Hours |
|--|------------------------|--|-----------------------------------|
|  |                        |  |                                   |
|  |                        |  |                                   |
|  |                        |  |                                   |
|  |                        |  |                                   |

List additional MS Practice Hours on separate sheet of paper, if needed. Enclose with but do not staple to Application.

Before signing Candidate Affirmation, PRINT your name and number exactly as they appear on your current certificate.

**ENTER TOTAL NUMBER OF MS PRACTICE HOURS:** \_\_\_\_\_

\_\_\_\_\_  
Name (PRINT) MSCS Number

**CANDIDATE AFFIRMATION/AUTHORIZATION**

I affirm that all statements given on this Application are true and correct to the best of my knowledge and that the MSCS is hereby authorized to contact any organization or individual listed hereon to verify my Learning Activities History.

\_\_\_\_\_  
Signature of MSCS Date

**\*\*\*\*APPLICATION CHECKLIST\*\*\*\***

- \_\_\_\_\_ Pages 1 and 2; completed and signed
- \_\_\_\_\_ Pages 3 and 4; completed and signed
- \_\_\_\_\_ Appropriate Fee enclosed: \$250.00
- \_\_\_\_\_ Copy of current license
- \_\_\_\_\_ Late administration fee for applications submitted after application deadline: \$75.00