

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 December 31st of the fifth year after certification regardless of the month in which you wrote the examination (i.e., if the certification date was August 2005 then certification expires on December 31st, 2010. Therefore, recertification will always expire on December 31st of the 5th year after you took the exam and each 5 years after. 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 web site. 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:

September 30th for December 31st certification expiration

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)

** MSCS c/o CMSC, 3 University Plaza Drive, Suite 116, Hackensack, NJ 07601 USA
(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 30th for December 31st certification expiration

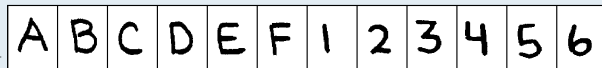
****Recertification application sent after application deadlines must include late administration fee in addition to the application fee.**

*****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

E. PRIMARY PRACTICE SETTING: *(Darken only one response.)*

- Physician Office
- Rehabilitation Center
- Hospital
- Multiple Sclerosis Center or Clinic
- Home or Community Care
- Nursing Home
- Pharmaceutical or Other Commercial Organization
- Research Facility
- Academic

F. MEMBER OF CONSORTIUM OF MULTIPLE SCLEROSIS CENTERS (CMSC)?

- No Yes

Note: Membership in CMSC is not required.

G. HAVE YOU ATTENDED AN MS EDUCATIONAL EVENT DURING THE PAST YEAR?

- No Yes

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.

Race

- African American Native American
- Asian White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

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

Directions: To recertify through learning activities (LA), the candidate must document either 75 MS learning activity hours over the five-year certification term OR 50 MS learning activity hours and 1000 MS practice hours over the five-year certification term. Each LA must be relevant to MS. All LA hours should promote improved knowledge and/or skills in MS care. If the LA title does not include the words MS, please provide a brief sentence about how it will impact MS care in your setting. If you repeat an identical LA during the five-year certification term, it can only be counted once. Subtract the time taken for breaks, lunch, etc. from your LA. ALL LA hours must be earned during the five-year certification term. Pre-authorization from CMSC is not required for your LA to count. All MSCS's are responsible for maintaining learning activities documentation used for this Application. All Applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose Applications are selected for audit will be notified on receipt of Application and will be requested to document all entries.

LEARNING ACTIVITIES (These may include academic courses, conferences, seminars, workshops, internet offerings, in-service, examination development, MS practice, independent study, research, publication, poster presentation, presenter/lecturer, and professional committee membership/participation. Refer to the Guidelines for Recertification for the number of LA hours permitted for each category. Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.)

Item No.	Learning Activity (LA): Type of activity, name/title (e.g., conference, course, research, presentation)	Name of Organization, Program Sponsor, Journal, Publisher, Committee	Date	No. of Hours	Office Use Only
Example 1	Conference, CMSC 2003 "Spectrum in MS Care"	BioSymposia Inc.	May 28-June 1, 2003	23.5 hours	
Example 2	Research "Quality of Life in MS Patients Living with Chronic Pain"	University Hospital	July 2002-June 2004	15 hours (maximum allowed)	

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

ENTER TOTAL NUMBER OF HOURS OF LEARNING ACTIVITIES: _____

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 From mm/yy to mm/yy	Total Number of 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