



### CEBT RECERTIFICATION APPLICATION

To obtain recertification, complete the requirements listed below and submit this application before certification expires. Note: Applications will only be accepted for those whose certification expires this year.

- Submit a Recertification Application postmarked by December 31<sup>st</sup> of the year certification expires, three (3) years from the last recertification/certification on December 31<sup>st</sup>.
- Obtain 16 Continuing Education Credits, and confirmed attendance at two of the following courses every three (3) years:
  - a. EBAA Technician Skills Workshop
  - b. EBAA Medical Advisory Board Meeting
  - c. EBAA Medical Directors Symposium
  - d. EBAA Scientific Session (*includes Scientific Symposium and Fall Educational Symposium*)

Please refer to the EBAA "Criteria for Certification and Recertification of Eye Bank Technicians," for additional information or contact Genevieve Casaceli at EBAA at (202) 775-4999 NOTE FEES BELOW.

#### DIRECTIONS

- 1) Type or print all information legibly.
- 2) Complete the second page of this form if submitting CEUs from other organizations.
- 3) Early submission is suggested [sixty (60) calendar days prior to expiration of certification].
- 4) Include the necessary CEU approval papers for the CEUs that are being applied toward recertification or use your online CEUs.
- 5) Submit payment to the Eye Bank Association of America (checks and credit cards are accepted).

#### Recertification Fees:

Early Bird (**ends Nov. 30<sup>th</sup>**):  
On & After December 1<sup>st</sup>:

EBAA Members- \$450  
EBAA Members- \$550

Non-Members- \$850.00  
Non-Members- \$950.00

Name: \_\_\_\_\_

Eye Bank/Org: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Business Phone#: \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Certified: \_\_\_\_\_ Date of Last Recertification: \_\_\_\_\_

#### PAYMENT TERMS

Charge my: ☐ VISA\*\* ☐ MasterCard ☐ AmEx ☐ Discover ☐ Check enclosed in US Currency

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

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

Billing Address (Zip Required): \_\_\_\_\_

PLEASE FAX, MAIL, E-MAIL THIS FORM TO THE EBAA, WITH PAYMENT.

E-mail: [Genevieve@restoresight.org](mailto:Genevieve@restoresight.org)

Mail: EYE BANK ASSOCIATION OF AMERICA

1101 17<sup>TH</sup> STREET NW, SUITE 400, WASHINGTON, DC 20036

FAX: 202.429.6036

#### For Office Use Only

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Check #: \_\_\_\_\_

Checked By: \_\_\_\_\_ Recertification Issued: \_\_\_\_\_