CEBT RECERTIFICATION APPLICATION

To maintain certification status, 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 by December 31 of the year certification expires.
- Obtain 16 Continuing Education Credits (CEUs), 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 or Cornea & Eye Banking Forum*)

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 ext. 120.

DIRECTIONS

1) Type or print all information legibly.
2) Early submission is suggested (sixty (60) calendar days prior to expiration of certification).
3) Make sure you have earned the necessary CEUs before submitting application. CEUs can be found under "My Information" in the Member's Section of the EBAA Website (www.restoresight.org).
4) Include CEU approval documents you may have received for attending non-EBAA events.
5) Submit payment to the Eye Bank Association of America (checks and credit cards are accepted).

RECERTIFICATION FEES

	EBAA Members	Non-Members
Early Bird (ends Nov. 30):	$450	$850
On & After December 1:	$550	$950

Name: _____

Eye Bank or Affiliation: _____ Title/Position: _____

Business Address: _____

_____

City State Zip Code

Home Phone#: _____ Business Phone#: _____ Fax #: _____

Email Address: _____

Date Certified: _____ Date of Last Recertification: _____

PAYMENT INFORMATION

Card Type: ☐ VISA ☐ MasterCard ☐ AmEx ☐ Check enclosed in US Currency

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Signature: _____

Billing Address (Zip Required): _____

SUBMIT THIS FORM TO THE EBAA WITH PAYMENT.
E-MAIL: Genevieve@restoresight.org
FAX: (202) 429-6036
MAIL: EYE BANK ASSOCIATION OF AMERICA
1101 17th ST NW, SUITE 400, WASHINGTON, DC 20036