



**NATIONAL
ASTHMA EDUCATOR
CERTIFICATION BOARD**

Application to Re-Certify as AE-C by Continuing Education

Name:

Birth Date:

Address:

City: State: Zip:

Email: Phone Number:

License Number: AE-C Certificate Number:

Expiration Date on Certificate:

1000-Hour Candidates Only:

Current Place of Employment:

Employer Contact Email:

Employer Phone number:

I certify that I have: Completed 35 asthma-related continuing education credits and read the National Standards for Asthma Self-Management Education.

Eligibility Requirements –

Please complete ONE of the following eligibility requirements for recertification of the AE-C credential:

- 1) I am a currently licensed or credentialed health care professional in the following profession
(please indicate by checking box):
- Physician (MD, DO) Physician Assistant (PA-C) Nurse (RN, LPN, NP) Respiratory Therapist (RRT, CRT)
 Pulmonary Function Technologist (CPFT, RPFT) Pharmacist (RPh) Social Worker (CSW)
 Health Educator (CHES) Physical Therapist (PT) Occupational Therapist (OT)

OR

- 2) I am applying for recertification of the AE-C credential with a minimum of 1000 hours experience providing direct patient asthma education, counseling or coordinating services.

Please send all information, copies of continuing education certificates, check made payable to:

**NAECB
530 E Hunt Hwy Ste. 103 #291
San Tan Valley, AZ. 85143**

Please allow for 30 days processing. For more information please contact the NAECB at 1-877-408-0072 or email info@naecb.org.





Renewal of Certification by Continuing Education

(See current Handbook for instructions and necessary forms.)

Applicants Name:

SUMMARY OF CONTINUING EDUCATION ACTIVITIES

Renewal of certification by continuing education activities requires that AE-C's meet eligibility requirements and complete 35 clock hours of continuing education in content areas applicable to asthma education during their applicable accrual cycle. Activities must be completed at the time of application and the application needs to be postmarked prior to certification expiration date.

Title of Activity	NAECB Recognized Provider* <i>*Provider must appear on the NAE CB list of Recognized Providers</i>	Date(s) Attended or Completed (mm/dd/yyyy)	Hours Being Claimed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
SUBTOTAL THIS PAGE:			
TOTAL HOURS:			

ATTESTATION: This statement must be signed and dated in ink by the applicant. Page _____ of _____

Signature of Applicant:

Date:

All continuing education activities must have been completed/taken place prior to completion of the application





AE -C® Certificants shall abide by the rules and regulations promulgated by the NAECB™ with regard to applying for recertification by continuing education. Once notified of successful completion of the recertification process by continuing education, applicants may continue to use the designation AE-C® or shall promptly adopt the designation AE-C® (if certification had expired) and utilize it as part of their professional activities.

AE -C® Certificants shall immediately cease and desist using the designation in any and all forms in the event they (1) decide not to seek recertification, or (2) are no longer eligible for any reason including termination by the NAECB. No one shall adopt the designation that has not been so notified by the NAECB™.

Certificants will continue to hold confidential information regarding the examination that could assist another applicant seeking certification or re-certification.

Certificants will conduct themselves in a professional manner and provide asthma coordination, counseling and education in a manner that will be in furtherance of the mission of the NAECB™ and in no way be harmful to the public. Certificants will not engage in any inappropriate or unethical behavior, nor provide asthma coordination, counseling or education while experiencing any physical impairment affecting their performance.

Certificants, through the act of applying for and paying their re-certification by continuing education fee, agree to abide by this Code of Conduct, the NAECB™ Disciplinary Policies, and all rules and regulations of the NAECB™. I certify that I agree to abide by regulations of the NAECB™ Program and the Code of Conduct described above. I believe that I comply with all policies for NAECB™ Re-certification by continuing education. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my re-certification may be delayed or voided.

(Sign and date in ink.)

Name (Please Print:)

Signature:

Date:

WARNING: All incomplete application or early applications requiring returned funds is subject to a \$25 processing fee.