



**NATIONAL BOARD OF HEALTHCARE PROFESSIONALS
RECERTIFICATION APPLICATION**

Please complete the application and submit the required continuing education supporting documentation, attach copies of certificates received, and applicable fees.

I WISH TO APPLY FOR RECERTIFICATION AS: (REINSTATEMENT IS AVAILABLE FOR AT INITIAL FEE)

Phlebotomy Technician – CPT, NBHP	\$100.00
Phlebotomy Instructor – CPI, NBHP	\$150.00
ECG Technician Instructor - CEI	
ECG Technician – CET, NBHP	\$100.00
Patient Care Technician – CPCT, NBHP	\$100.00
Medical Administrative Assistant NBHP	\$100.00

Last Name First Name Middle Initial F

Address _____

Street City State Zip

Phone
Number _____

**Email
Address** _____

Last 4 Social Security Number _____

Date of Birth _____

Certificate Number _____

CONTINUING EDUCATION: Please list below

**** The purpose of continuing education, or employment in the field, is to maintain your level of competencies in training and certification. You will need 10 hours of continuing education every 2 years. However, If you have over 1,000 hours of verified work experience in the prior two years you can renew without continuing education. If you would like to renew your certification as a current healthcare worker with verifiable documentation please email the work form below filled out by your supervisor.**

****Please Pick CEUs you would like to complete. Please note that your CPR/BLS is worth 4 Credit Hour.**

CEUs will be emailed to you, Please return your answer sheet. Along with your bank card Information

***CALL CEUs ARE WORTH 3 CREDIT HOURS**

CONTINUING EDUCATION ACTIVITIES	HOURS
Frontotemporal Disorders Discriminations Bottled Water vs Tap Water	
Gynecologic Cancers Dietary Supplements Rashes	
Headache Disorders Relaxation Techniques for Health Inflammation	
ORGAN TRANSPLANTATION POLLUTION PTSD	
VACCINES PRECISION MEDICINE	

You may pay your recertification fee online

Email any questions to: cert@nationalbhp.com

/Money Order VISA Mastercard

FEES

Credit Card Number _____

Sec Code _____

Exp Date _____

Authorized Signature _____

Mail To:

NBHP

PO Box 33308

Baltimore, MD 21218