



## **Recertification Application for CMBI State Medical Board Investigator Certification**

**Section I. General Information** – Please print. Enter full name as it should appear on the certificate.

Name:
Board Affiliation:
Title:
Address:
City, State, Zip:
Phone: <span style="float: right;">Fax:</span>
Email Address:
Certified Medical Board Investigator (CMBI) Certificate Number:

### **Current Recertification Requirements**

Requirements for the recertification process: In order to achieve recertification in this program, a State Medical Board Investigator with CMBI status shall meet the following qualifications:

**Recertification** is based on a combination of continued education, service, and experience that will be a combination of the elements noted in the discretionary requirements above. **Five points will be required for recertification.**

*Note: Recertification is necessary within six years of the initial certification and within six years of each recertification. All recertification points shall be reviewed by the CMBI Committee.*

### ***Mandatory Requirement (2 point)***

**Provides the applicant for recertification with 2 points toward the 5 points required:**

- Completion of the 1) Three-day AIM-FSMB CMBI Medical Board Investigator /Recertification Training Course **OR**
- 2) AIM/FSMB CMBI Recertification Course Webcast/Film

**Discretionary Requirements:** A minimum of three (3) points are required from the following (one point each, unless otherwise noted):

- A. Attendance at AIM or FSMB regional or annual meetings
- B. Participation in FSMB Webinar
- C. FSMB Roundtable Conference Call
- D. Attending the FSMB Board Attorney Workshop
- E. Attending a NADDI conference or law enforcement training in related field
- F. Testifying or attendance at Board disciplinary hearing or Board investigative in service training session
- G. College level courses, successful completion, in related field
- H. Each two additional years as Board Investigator
- I. A related presentation to a Board/Committee or professional association on Board Investigations or CMBI program
- J. AA, BS/BA or Master’s degree awarded after certification (2 points)

NOTE: For recertification after a six year period, one additional point per year or portion thereof. For example, 6 years 6 months would require 6 points to recertify. Points shall only be counted for one certification or recertification period (cannot double count).

## Points Claimed

	<b>Discretionary Requirements (3 points required)</b> (One point each unless otherwise noted)	<b>Year / City</b>	<b>Points Claimed</b>
<b>A.</b>	Attendance at AIM or FSMB regional or annual meetings (No year prior to 2009 will be accepted.)		
<b>B.</b>	FSMB Webinar		
<b>C.</b>	Participation in FSMB Roundtable Conference Call		
<b>D.</b>	Attending the FSMB Board Attorney Workshop		
<b>E.</b>	Attending a NADDI conference or law enforcement training in related field		
<b>F.</b>	Testifying or attendance at Board disciplinary hearing or Board investigative in service training session		
<b>G.</b>	College level courses, successful completion, in related field		
<b>H.</b>	A related presentation to a Board/Committee or professional association on Board Investigations or CMBI program		
<b>I.</b>	Each two additional years as Board Investigator (one point each two years)		
<b>J.</b>	AA, BS/BA or Master's degree awarded after certification (2 points)		
<b>Mandatory Requirements (2 points required)</b>			
<b>K.</b>	Completion of the three-day AIM-FSMB -CMBI Medical Board Investigator Training Course (2 points)		
<b>L.</b>	Completion of the AIM-FSMB -CMBI Medical Board Investigator Recertification Webcast/Film Course (2 points)		
		<b>Total Points Claimed:</b>	

**Applicant Statement**

I hereby certify that the information provided in this application is true and accurate to the best of my knowledge.

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

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

**Board Endorsement – This application must be endorsed by the Board Executive.**

I hereby endorse and support this application for certification submitted by this Investigator who is assigned to the Board identified in the application.

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

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

**Please make sure you attached a copy of your CMBI Training Course Completion Certificate.**

**Please Note:** Individuals applying for recertification are responsible for providing acceptable documentation as required. Applicants can expect to receive notification of status of the application within 60 days of submission. Application information is subject to verification and review prior to recertification. Incomplete applications will be returned.

**Please mail the completed application to:**

**AIM  
Attn: CMBI Certification  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607**