



**National Consortium of Breast Centers, Inc.**  
**Clinical Breast Examiner Certification**  
**Annual Clinical Breast Examiner Certification Renewal Application**  
**Steps for Completion of Requirements**

**Overview**

CBE certification must be renewed annually. To receive the annual renewal, CBE Certified Breast Health Care Professionals are required to submit a completed renewal application, anecdotal information and five hours of continuing education in breast health care.

**Renewal / Recertification**

	<b>CERTIFICATION RENEWAL</b>		<b>RECERTIFICATION</b>	
	Data Submission is due by June 30th		Year to recertify. This is only offered at the national conference.	
Year Certified	Next year in which you will need to submit renewal data*	Renewal Data should represent patients from this Time Period	Next year in which you must retest** to recertify	Extension of recertification (if applicable)
2005	2012	2011-2012	2011	2013
2006	2012	2011-2012	2012	2013
2007	2012	2011-2012	2013	
2008	2012	2011-2012	2014	
2009	2012	2011-2012	2015	
2010	2012	2011-2012	2016	
2011	2012	2011-2012	2017	
2012	2013	2012-2013	2018	
2013	2014	2013-2014	2019	

\*Renewal data includes pages 3-5 of this packet (Renewal Application Form, Anecdotal Information Form, and the CEU Validation Form).

\*\*Recertification requires testing for the Performance portion of the examinations on day 2 only.

**Certification Statuses**

Status of certification will be held as:

1. **Active Certification:**

To maintain an active certification status an individual must submit an annual renewal application, anecdotal information and five hours of continuing education in breast health care.

2. **Inactive Certification:**

A certification will be considered inactive if an individual submits an annual renewal application with no data; this scenario could arise due to the transfer of the individual by the facility thus resulting in no physical exams for data submission. This is a situation which transpires through no fault of the CBE certified breast health care professional. As a result, the certification will be held in an inactive status and can be activated as soon as the CBE certified breast health care professional is in a position to provide data or is transferred back to a department where clinical exams are conducted.

3. **Decertification:**

A person will be considered decertified if no annual renewal application and no data is submitted by the CBE certified breast health care professional. Once decertification occurs, the individual will have to reapply for all exams as a new candidate.



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**Steps for Completion of Requirements Continued**

**ACTIVE AND INACTIVE CERTIFICATION REQUIREMENTS:**

**Licensure/Certification:**

Active or Inactive Certification requires an applicant to provide a copy of a valid license or certification.

**ACTIVE CERTIFICATION REQUIREMENTS:**

**Completing the Renewal Application Form (Page 3 of 5 or “Renewal Form 1 to Return”)**

**Contact Information:** Please enter all of your contact information as requested.

**Initial Year and Month of CBE Certification:** Please enter the year in which you were certified.

**Renewal of CBE Certification Requested for Year:** Please enter the year for which you are submitting your renewal.

**Completing the Anecdotal Information Form (Page 4 of 5 or “Renewal Form 2 to Return”)**

The applicant must describe a Clinical Breast Examination with a patient that would be useful to other Clinical Breast Examiners. An examination that was unusual, challenging or produced a surprising outcome is a good idea for this section.

**Completing the CEU Validation Form (Page 5 of 5 or “Renewal Form 3 to Return”)**

Complete the CEU Validation Form and then check this requirement as completed. CEU documentation is not required but random audits may occur. If additional pages are required, please make extra copies. For your convenience CEU information is listed below.

**Name of Conference:** Identify the conference name, if the CEU was for a session which was part of a conference.

**Conference/Session Host:** The name of the organization/business hosting the conference or if the session is not part of a conference, the entity hosting the session.

**Session/Course Title:** Self-explanatory

**Faculty Names:** Name of speaker(s), presenter(s) or instructor(s).

**CEU Provider:** The name of the entity that stands behind the CEU and awards the CEU certificate.

The purpose of the continuing education credits requirement is to ensure the Certified Clinical Breast Examiner, who is not required to retest for the renewal year, continues to provide enhanced breast patient care through the annual expansion of his/her knowledge base of breast patient care.

The individual applying for Active Certification Renewal is required to have earned, between certification applications, **5 CEUs whose content reflects breast care** information. Attendees of the NCoBC National Pre-Conference Navigator Program may list these CEU credits to renew certification. Even if the total number of CEU's offered by this program is less than the required 5 CEU's, attendance at all sessions of this program will fulfill the CEU requirements for Active Certification renewal.

**Breast care credits** may include content that includes administration, personal growth or general medical information. This may cover content such as billing and coding of patient procedures/care, handling work related stress, anger/grief management, male breast cancer, balancing work and personal time, goal setting, etc. These examples reflect content that will assist the professional with their personal growth and expand a professional's general knowledge base that we believe will result in enhanced patient care.

**Breast care credits** may also include content that includes treatment and/or care information. This may include lymphedema treatment; complications of breast surgery, breast patient treatment planning, communicating and interacting with the patient, patient information flow, role of the navigator, fatigue and its management, cancer's impact on all family members, etc.

**Renewal Fee:**

Identify and complete the required method of renewal fee payment.

**Submit:**

Based upon the type of certification being requested, submit the completed application accompanied by the required forms. Renewal information must be received no later than June 30<sup>th</sup> of the year for which renewal is being requested.



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Renewal Form #1 to Return**

**Renewal Application**

**Contact Information:**

Name \_\_\_\_\_  
Professional Credentials \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Facility Address \_\_\_\_\_  
\_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Daytime Phone Number(s) \_\_\_\_\_  
Current Email \_\_\_\_\_

Initial Year and Month of CBE Certification\* \_\_\_\_\_

Renewal of CBE Certification Requested for Year \_\_\_\_\_

Data Being Submitted Represents Patients Seen in Year \_\_\_\_\_

*\*Please refer to the CBE certified professionals link on the NCBC website if you need to find your initial certification information.*

**Instructions:**

- Complete and Return “Renewal Forms 1 to 3” (pages 3 to 5) and supporting requirements to the NCBC office no later than June 30 to maintain active certification status.
  - Renewal Application
  - Anecdotal Information
  - CEU Validation
- Enclose a copy of your medical professional license or registration.
- Include the annual renewal processing fee of \$90.

**Clinical:**

\_\_\_\_\_ Number of CBE’s / CPBA’s performed in the last calendar year

**Anecdotal:**

Anecdotal information form completed. (Page 4 of 5 or “Renewal Form 2 to Return”)

**CEU:**

CEU validation form completed. (Page 5 of 5 or “Renewal Form 3 to Return”)

**Renewal Fee:**

Payment for the annual renewal fee of \$90.00 is being made by

\_\_\_\_\_ Enclosed check (Payable to: NCBC or National Consortium of Breast Centers)

\_\_\_\_\_ Credit Card: Charge My

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**DO NOT EMAIL THIS FORM IF IT CONTAINS CREDIT CARD INFORMATION!**

**SUBMIT:**

**Inactive Certification Application**  
Completed Renewal Application (Renewal Form 1)  
Copy of a Valid License or Certification

**Active Certification Application**  
Completed Renewal Forms 1-3  
Copy of a Valid License or Certification  
Payment

**US Mail**

National Consortium of Breast Centers  
P.O. Box 1334  
Warsaw, Indiana 46581-1334

**Contact us**

Phone: 574-267-8058 or Fax: 574-267-8268  
Email: [NCBC@breastcare.org](mailto:NCBC@breastcare.org)

**Federal Express/UPS**

National Consortium of Breast Centers  
1017 E. Winona Ave  
Warsaw, Indiana 46580



**National Consortium of Breast Centers, Inc.**  
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**Renewal Form #2 to Return**

**Anecdotal Information:**

Please provide a description of a Clinical Breast Examination with a patient that would be useful to other Clinical Breast Examiners. An examination that was unusual, challenging or produced a surprising outcome is a good idea for this section. You may write in the space below or enclose a typed description with your renewal forms.



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Renewal Form #3 to Return**

**CEU Validation:**

**Applicant Information:**

First and Last Name \_\_\_\_\_

NCBC ID # \_\_\_\_\_

Name of Conference _____ Conference/Session Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #1</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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Name of Conference _____ Conference/Session Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #2</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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Name of Conference _____ Conference/Session Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #3</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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Name of Conference _____ Conference Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #4</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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Name of Conference _____ Conference/Session Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #5</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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Name of Conference _____ Conference/Session Host _____ Session/Course Title _____ Faculty Name(s) _____ CEU Provider _____	<b>CEU #6</b> Total Earned CEU's <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
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**Total CEUs to meet Active Certification Renewal Requirement  
Required Hours**

5 Hours