

MECH Recertification



INSTRUCTIONS:

1. Certification holders are responsible for their own recertification.
2. **This PDF document includes five forms.** Use one page for each 12 months of training, write each 12 month period on each form.
Example: Expiration date is June 15, 2018.
 Training years are: July 2013 — June 2014 (Form 1)
 July 2014 — June 2015 (Form 2)
 July 2015 — June 2016 (Form 3)
 July 2016 — June 2017 (Form 4)
 July 2017 — June 2018 (Form 5)
3. Use Adobe Acrobat Reader (or similar software) to type info and take advantage of built-in auto-fill. All fields are required. Digital signatures accepted.
4. Submit forms at least three weeks in advance of expiration date. Contact MECH if an extension is needed.
5. If the first recertification submission is denied, you will be given an opportunity to resubmit. Fee is required for each submission.

RECERTIFICATION FEE:
 \$60.00 per submission
 (not refundable)

MAILING ADDRESS FOR CHECK PAYEMENT:
 (include forms with payment)
 MECH Certification
 13843 Lincoln Street
 Grand Haven, MI 49417

PAY VIA CREDIT CARD:
<http://mech-certification.org/recert.html>

EMAIL FORMS TO:
 mech@mech-certification.org

FOR QUESTIONS OR FURTHER INFORMATION:
 (616) 662 - 1315 or
 mech@mech-certification.org

TO QUALIFY FOR RECERTIFICATION:

1. List only education that is acceptable for recertification, see below for details.
2. Provide **clear descriptions** of all training and spell out all acronyms.
3. Provide **content list** for webinars, seminars or conferences attended.
4. List only training of **50 minutes duration or more**. No training under one hour will be counted. Minimum 6 hours per year required.
5. Titles that look the same in successive years will be considered **duplicate or recurring training** and **not counted toward recertification**. Provide clear descriptions to show that training was advancing and not repeating.

ACCEPTABLE FOR RECERTIFICATION:

- Training of a technical nature that upgrades the certificate holder's knowledge and skill
- Vendor-sponsored classroom or hands-on instruction
- Online training, if presented in a classroom style
- Seminars or conferences **on technical topics** presented by your state or regional healthcare engineering society
- Informal group or one-on-one instruction, including training you lead or present to others

NOT ACCEPTABLE FOR RECERTIFICATION:

- Safety, work place or employee training
- Security, diversity or awareness training
- CMMS (computerized maintenance management system) training
- Seminars or conferences on safety or management topics, even if presented by a healthcare engineering society
- Training under 50 minutes duration
- Self-directed learning

EXAMPLE OF ACCEPTABLE TRAINING:

TRAINING TITLE	DESCRIPTION	DATE
Trane: Air Handling Systems, Energy & IAQ <i>technical topic</i>	Air handling system configurations and control strategies that reduce energy use, and improve IAQ. <i>complete description describing content, typed (or clearly printed)</i>	10-2-2014
		HOURS 1.5

EXAMPLE OF UNACCEPTABLE TRAINING:

TRAINING TITLE	DESCRIPTION	DATE
Hazardous spill self pace course <i>safety topic</i>	self-paced course <i>self-directed learning</i>	7/2012
		HOURS .5



Recertification Form

CERTIFICATION HOLDER'S INFORMATION:

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME ADDRESS				
HOME CITY		STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. _____
HOME PHONE NUMBER		E-MAIL ADDRESS		
FACILITY NAME			JOB TITLE	
FACILITY ADDRESS				
FACILITY CITY		STATE	ZIP	WORK PHONE NUMBER

CERTIFIED SENIOR CERTIFIED

FORM # 1 OF 5

EXPIRATION DATE: ____ / ____ / ____ **12-MONTH PERIOD** (month/year): ____ / ____ - ____ / ____

TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
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		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS

CERTIFICATION HOLDER'S SIGNATURE:

SIGNATURE	DATE
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TOTAL HOURS:
6 hrs minimum

SUPERVISOR SIGNATURE: *As the current supervisor, I verify the attendance documented.*

PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

Check Enclosed

CHECK NUMBER *No money orders accepted.*

Paid with credit card online

CONFIRMATION NUMBER



Recertification Form

CERTIFICATION HOLDER'S INFORMATION:

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME ADDRESS				
HOME CITY		STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. _____
HOME PHONE NUMBER		E-MAIL ADDRESS		
FACILITY NAME			JOB TITLE	
FACILITY ADDRESS				
FACILITY CITY		STATE	ZIP	WORK PHONE NUMBER

CERTIFIED SENIOR CERTIFIED

FORM # 2 OF 5

EXPIRATION DATE: ____ / ____ / ____ **12-MONTH PERIOD** (month/year): ____ / ____ - ____ / ____

TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
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		HOURS
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		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS

CERTIFICATION HOLDER'S SIGNATURE:

SIGNATURE	DATE
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TOTAL HOURS:
6 hrs minimum

SUPERVISOR SIGNATURE: *As the current supervisor, I verify the attendance documented.*

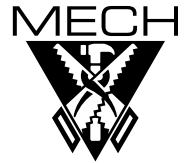
PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

Check Enclosed

CHECK NUMBER *No money orders accepted.*

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CONFIRMATION NUMBER



Recertification Form

CERTIFICATION HOLDER'S INFORMATION:

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME ADDRESS				
HOME CITY		STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. _____
HOME PHONE NUMBER		E-MAIL ADDRESS		
FACILITY NAME			JOB TITLE	
FACILITY ADDRESS				
FACILITY CITY		STATE	ZIP	WORK PHONE NUMBER

CERTIFIED SENIOR CERTIFIED

FORM # 3 OF 5

EXPIRATION DATE: ____ / ____ / ____ **12-MONTH PERIOD** (month/year): ____ / ____ - ____ / ____

TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
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		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS

CERTIFICATION HOLDER'S SIGNATURE:

SIGNATURE	DATE
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TOTAL HOURS:
6 hrs minimum

SUPERVISOR SIGNATURE: *As the current supervisor, I verify the attendance documented.*

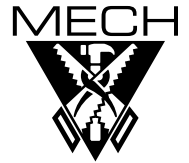
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E-MAIL	PHONE NUMBER
SIGNATURE	DATE

Check Enclosed

CHECK NUMBER *No money orders accepted.*

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CONFIRMATION NUMBER



Recertification Form

CERTIFICATION HOLDER'S INFORMATION:

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME ADDRESS				
HOME CITY		STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. _____
HOME PHONE NUMBER		E-MAIL ADDRESS		
FACILITY NAME			JOB TITLE	
FACILITY ADDRESS				
FACILITY CITY		STATE	ZIP	WORK PHONE NUMBER

CERTIFIED SENIOR CERTIFIED

FORM # 4 OF 5

EXPIRATION DATE: ____ / ____ / ____ **12-MONTH PERIOD** (month/year): ____ / ____ - ____ / ____

TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
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TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS

CERTIFICATION HOLDER'S SIGNATURE:

SIGNATURE	DATE
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TOTAL HOURS:

6 hrs minimum

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SUPERVISOR SIGNATURE: *As the current supervisor, I verify the attendance documented.*

PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

Check Enclosed

CHECK NUMBER *No money orders accepted.*

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CONFIRMATION NUMBER

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HOME CITY		STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. _____
HOME PHONE NUMBER		E-MAIL ADDRESS		
FACILITY NAME			JOB TITLE	
FACILITY ADDRESS				
FACILITY CITY		STATE	ZIP	WORK PHONE NUMBER

CERTIFIED SENIOR CERTIFIED

FORM # 5 OF 5

EXPIRATION DATE: ____ / ____ / ____ **12-MONTH PERIOD** (month/year): ____ / ____ - ____ / ____

TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
TRAINING TITLE	DESCRIPTION OF TRAINING CONTENT (attach additional sheets if necessary)	DATE
		HOURS
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		HOURS
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		HOURS

CERTIFICATION HOLDER'S SIGNATURE:

SIGNATURE	DATE
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TOTAL HOURS:
6 hrs minimum

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SUPERVISOR SIGNATURE: *As the current supervisor, I verify the attendance documented.*

PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

Check Enclosed

CHECK NUMBER <i>No money orders accepted.</i>
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Paid with credit card online

CONFIRMATION NUMBER
