

INTERVIEWER RECERTIFICATION

Name: _____

(Full Name exactly as it should appear on your certificate)

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Has your name or contact information changed since your last certification? If yes, provide us with your previous contact information:

Previous Name: _____

Previous Title: _____

**Previous
Organization:** _____

Previous Email: _____

My certification expires on: _____

I want to renew certification in the following measure(s):

Adult Personal Outcome Measures® (POM)

Children and Youth Personal Outcome Measures®

I am interested in:

Virtual Recertification

In Person Recertification

Preferred Dates for Scheduling:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

As a certified interviewer, I acknowledge that during the last two-years, I have met the following requirements and I am eligible to schedule my reliability assessment to be considered for another two-year certification period.

If a Certified Interviewer in one of the *Personal Outcome Measures*®:

_____ I have completed a minimum of eight (8) hours of CQL Continuing Education, **AND**

_____ I have completed a minimum of twenty (20) *Personal Outcome Measures*® Interviews

If a Certified Interviewer in both measures:

_____ I have completed a minimum of eight (8) hours of CQL Continuing Education, **AND**

_____ I have completed a minimum of thirty (30) *Personal Outcome Measures*® Interviews, with at least fifteen (15) in each measure.

I have completed the above requirements with the below number of activities:

_____ Hours of CQL Continuing Education

_____ *Personal Outcome Measures*® Interviews

Signature: _____

Date: _____