

## TRAINER 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:**

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

**As a certified trainer**, 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 Trainer in one of the *Personal Outcome Measures*®:**

\_\_\_\_\_ I have completed at least eight (8) hours of CQL Continuing Education, AND one of the following:

\_\_\_\_\_ A minimum of eight (8) 4-Day *Personal Outcome Measures*® Assessment Workshops; **OR**

\_\_\_\_\_ A minimum of four (4) 4-Day *Personal Outcome Measures*® Assessment Workshops AND sixteen (16) *Personal Outcome Measures*® Interviews; **OR**

\_\_\_\_\_ A minimum of four (4) 4- Day *Personal Outcome Measures*® Workshops AND twelve (12) days of customized training on the *POMs* as approved by the Director of *Personal Outcome Measures*®, AND four (4) *POM* Interviews.

**If a Certified Trainer in both measures:**

\_\_\_\_\_ **Completed at least 8 hours of CQL Continuing Education, AND one of the following:**

\_\_\_\_\_ Completed at least eight (8) *POM* workshops—at least three (3) in each measure, OR

\_\_\_\_\_ Completed four (4) 4-Day *POM* workshops—at least two (2) in each measure AND eight (8) *POM* interviews in each measure, OR

\_\_\_\_\_ Completed four (4) 4-Day *POM* workshops—at least two (2) in each measure AND twelve (12) days of customized *Personal Outcome Measures*® training as approved by the Director of *Personal Outcome Measures*® AND four (4) *POM* interviews—at least two (2) in each measure.

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

\_\_\_\_\_ Hours of CQL Continuing Education

\_\_\_\_\_ *Personal Outcome Measures*® Interviews

\_\_\_\_\_ 4-Day *Personal Outcome Measures*® Workshops

\_\_\_\_\_ Customized *Personal Outcome Measures*® trainings as approved by CQL

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

**Date:** \_\_\_\_\_