

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

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 CQL, 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 CQL AND four (4) *POM* interviews—at least two (2) in each measure.

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

_____ Hours of CQL Continuing Education

_____ *Personal Outcome Measures*® Interviews

_____ 4-Day *Personal Outcome Measures*® Workshops

_____ Customized *Personal Outcome Measures*® trainings as approved by CQL

Comments:

Preferred Dates for Scheduling:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Signature: _____

Date: _____