



# Certified Radiographic Interpreter Recertification Program

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## **CERTIFIED RADIOGRAPHIC INTERPRETER (CRI) RECERTIFICATION PROGRAM INFORMATION**

Recertification is required every three years for continuing your CRI certification according to the AWS QC15, *Specification for the Certification of Radiographic Interpreter* (Refer to section 7). Please complete the application and submit it to AWS before your certification expiration date. The application may be submitted up to six months prior to the current expiration. Every ninth year, recertification requires retesting on the full exam as noted in AWS QC15.

Please be aware that it is your responsibility to recertify before your certification expires. If you fail to recertify before the expiration date, your certification is expired on your expiration date. If you exceed the 60-day administrative extension period (from your expiration date), you will not be allowed to recertify and you will be required to test on all three parts of the Certified Radiographic Interpreter examination to be recertified.

To qualify, recertification applicants must provide evidence of continuous satisfactory technical performance as defined in AWS B5.15, *Specification for the Qualification of Radiographic Interpreters* and QC15, *Specification for the Certification of Radiographic Interpreter*.

Additionally, you must also provide a current Visual Acuity Record with your application. The Visual Acuity Record cannot be dated more than seven months prior to your current certification expiration date.

### **INTERNATIONAL AND DOMESTIC RECERTIFICATION APPLICANTS:**

Please be aware that it is **MANDATORY** that all applications are notarized. There will be **NO EXCEPTIONS** to this rule. Applications without proper notarizations will not be processed.

### **RECERTIFICATION FEES:**

Please refer to the AWS Certification Price List for all applicable fees. All checks and money orders should be made payable to AWS. Payment must accompany your application.

The standard application processing time is six weeks. Applications cannot be faxed in so please be prompt in submitting your application.

We recommend you use priority mail with tracking options when mailing your application. Please send your application package to:

American Welding Society  
550 NW LeJeune Road  
Miami, Florida 33126

**PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.**

If you have questions, please call us at (800) 443-9353, extension 273.



**EXPERIENCE RECORDS**

The period of validity for the AWS CRI is three (3) years. To be eligible for recertification, the CRI must provide evidence of continuous satisfactory technical performance by performing the following:

- Submit evidence of a current satisfactory vision examination.
- The CRI must satisfy at least **one** the following:
  - 1) Submit documented evidence of at least 2 months (350 hours) experience performing specific duties of a CRI as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the duties were performed. This experience shall have been performed during the immediate preceding three-year certification.
  - 2) Submit documented evidence of at least 4 weeks (160 hours) of teaching experience in radiographic interpretation covering the body of knowledge as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the teaching was performed.
  - 3) Successfully complete the current practical (film interpretation) examination.
- At least every 9 years, the CRI must successfully complete all of the examinations described in AWS B5.15, section 6.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

**QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED**

**\*\* NOTE:** PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CRI ELIGIBILITY.

\_\_\_\_\_  
(Initials) I understand that all work experience documented on this application may be verified with both past and present employers.

Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ ST/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Supervisor / Personnel Manager: \_\_\_\_\_ Dept/Div.: \_\_\_\_\_

Supervisor / Personnel Manager's E-mail: \_\_\_\_\_

JOB TITLE: (only for the employer listed above)	FROM MONTH/YEAR	TO MONTH/YEAR

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VISUAL ACUITY**

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations.

**PHOTOGRAPHIC IDENTIFICATION**

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

**NOTORIZATION**

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public Signature \_\_\_\_\_ (seal and/or stamp is REQUIRED)



## *Certified Radiographic Interpreter Activity Log*

Enclosed with this letter is a CRI Activity Log for your use. In order to maintain your certification, it is imperative that you maintain an Activity Log demonstrating your continued activity. Upon your 3 year re-certification, you will be **required** to provide us with this Activity Log along with your CRI Re-Certification Application in order to qualify. The responsibility of the Activity Log rests solely with the certificate holder and certification may be revoked if the Activity Log is found to be fraudulent.

When mailing your activity log and application we recommend using priority mail with tracking options. Please send your application package to:

**American Welding Society  
Certification Department  
550 NW LeJeune Road  
Miami, Florida 33126**

PLEASE RETAIN A COPY OF ALL DOCUMENTS MAILED TO AWS.

Again, congratulations on your new certification accomplishment. We at the American Welding Society appreciate your patronage and look forward to a long-standing relationship with you and your certification endeavors.

Should you have any questions, or required further information, please feel free to contact the Certification Department at 800-443-9353, ext. 273.



# CRI Activity Log

The completion and maintenance of this Activity Log is the sole responsibility of the certificate holder and is the method by which continued activity will be demonstrated for purposes for CRI Re-certification. Any attempt at falsification of this Log may result in termination of certification. If you keep a personal log, please extract the appropriate information as indicated. Copy this form as needed.

Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

JOB ID	BEGINNING DATE OF ACTIVITY	ENDING DATE OF ACTIVITY	(PLEASE PRINT) NAME OF CONTACT PERSON	TELEPHONE NO.



## American Welding Society

550 NW LeJeune Rd Miami, FL 33126  
(800) 443-9353 or (305) 443-9353, ext. 273  
FAXED APPLICATIONS ARE NOT ACCEPTED

# VISUAL ACUITY RECORD

LAST NAME : \_\_\_\_\_ Certification # (if applicable) : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_ MEMBER # (if applicable) : \_\_\_\_\_

If scheduled to take an AWS certification exam, site location: \_\_\_\_\_ Date \_\_\_\_\_

### TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to a submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater ( $\geq 30.5$  cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

### THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater ( $\geq 30.5$ cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

### 3. PLEASE PRINT CLEARLY

CUSTOMER NAME: \_\_\_\_\_ DATE OF EYE EXAMINATION: \_\_\_\_\_

EXAMINER NAME: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

EXAMINER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST/PROVINCE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

EXAMINER PROFESSIONAL STATUS BY (please check only one):

☐ Ophthalmologist ☐ Optometrist ☐ Medical Doctor ☐ Registered Nurse ☐ Certified Physician's Assistant

EXAMINER SIGNATURE: \_\_\_\_\_ STATE/PROV. LICENSE NUMBER: \_\_\_\_\_



## **AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES**

### **CANCELLATION REFUND POLICY FOR SEMINAR ONLY**

Cancellations must be in writing and received two weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. If your cancellation notice is received less than two weeks prior to the seminar, you will be refunded your registration fee, less **\$175 administrative fee**. Substitutions or transfers to another site with two weeks notice are complimentary. No shows forfeit all registration fees.

### **CANCELLATION REFUND POLICY FOR BOTH SEMINAR AND EXAM**

Cancellations must be in writing and received 2 weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. Registrants canceling less than 2 weeks before the first day of the seminar will be refunded the registration fee less a **\$315 administrative fee**. No shows forfeit all fees. AWS reserves the right to cancel any exam preparation seminar and/or exam if there are an insufficient number of participants. In the event of cancellation by AWS, all fees will be refunded in full, or the participant may transfer to the next available seminar. In either case, AWS shall have no further liability.

### **CANCELLATION REFUND POLICY FOR EXAM ONLY**

The Certification Business Unit **MUST** receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a **\$140 exam cancellation fee**.

### **PROCESSING FEE**

Included with all certification exam prices, there is a **\$75 processing fee**. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a **\$75 processing fee**.

### **FAST TRACK PROCESS FEE**

Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A **\$250 Fast Track Process Fee** will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

### **RESCHEDULING EXAM FEE**

Once an application is qualified and processed, a **\$140 rescheduling fee** will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

### **EXAM NO SHOW PENALTY FEE**

If an individual fails to cancel, he/she agrees to forfeit all fees.

**AWS RECOMMENDS YOU USE PRIORITY MAIL WITH  
TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.**

**FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE**

In accordance with the **Americans with Disabilities Act (ADA)**, AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.