



INTERNATIONAL COMMISSION  
ON HEALTH CARE CERTIFICATION

**Certified Disability Evaluator I, II, & III Credential – Renewal for  
Preapproved Continuing Education Hours**

Name \_\_\_\_\_ Certificate Number \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list the credentials to include in your title on your certification certificate (please remember to include current copies of those certifications) \_\_\_\_\_

You only need to submit 30 Continuing Education Units, and none of them need to be related to any particular topic area in impairment rating or disability examination/functional capacity evaluation processes. Please include copies of the certificate of completion/attendance for each event. Fill out this form identifying the CEU's you are using to renew your CDE credential.

If any of the CEU's are not preapproved, please use a separate renewal form to describe the course. Go to our website ([www.ichcc.org](http://www.ichcc.org)) and click on the "Certification Programs" folder in the left upper part of the page. Please click on the ICHCC Forms globe to access the renewal form. You will need to attach the non-pre-approved conference information so it can be approved, plus a \$10 review fee per conference, with a \$50 cap.

Date of event	Name of conference/course/event	Number of CEU's

TOTAL: \_\_\_\_\_/30