



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

**Certified Life Care Planner 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 listed)

You only need to submit 80 Continuing Education Units, and 8 of them need to be related to ethics. 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 CLCP 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) 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.

Please be advised that the recertification timeframe has changed to five (5) years, with a required 80 CEUs, including 8 hours of ethics. This change went into effect as of February 1, 2007, and will be required the next time you recertify.

Date of event	Name of Conference/Course/Event	Number of CEU's

TOTAL: _____/80