ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION

APPLICATION FOR RENEWAL
Certified Medical Cost Projection Specialist™ (CMCPS®)

Date _____

Name _____ Certificate Number _____

Street Address_____City_____State_____Zip_____

Phone_____ Email_____

On the line below, please list your name as you wish to have it read on your certificate:

_____

The ICHCC® requires fifteen (15) Continuing Education Units for CMCPS® recertification every three (3) years. Five (5) of these 15 required hours must relate to Ethics. The recertification fee is $300 if all CEUs are preapproved. Should any course be non-preapproved, a recertification fee of $350 must be submitted.

Applications may be faxed to (804) 378-7267, or emailed to ichcc1@gmail.com, or mailed to:

International Commission on Health Care Certification
13801 Village Mill Drive, Suite 103
Midlothian, VA 23114

Credit card payments may be processed online at ichcc.org or by paying the invoice that will automatically be sent to the email address that the ICHCC® has on file. **Payments outside of the United States must be paid by credit card.**

Please use the following form to identify the CEUs you are using to renew your CMCPS® credential. Copies of the attendance verification or certificate of completion for each event must be included. Please note that these will not be returned to you.

If any of the CEUs are non-preapproved, the conference information must be attached for review by the ICHCC®. It will state on your Certificates of Completion if a course was preapproved by the ICHCC®.

We look forward to our continued relationship with you. Should you have any questions, please feel free to contact us at (804) 378-7273.

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Name: _____

Preapproved (please circle)	Date	Name of Conference/Course/Event	Number of CEUs
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			
Yes No			

Total CEUs _____