



APPLICATION FOR RENEWAL

Certified Life Care Planner Credential

Date _____

Name _____ Certificate Number _____

Address _____

Phone _____ Email _____

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

ICHCC requires 80 Continuing Education Units for CLCP recertification every five (5) years. Eight (8) of these 80 required hours must relate to Ethics. The recertification fee is \$350 if all courses are preapproved. Should any course be non-preapproved, a recertification fee of \$400 must be submitted.

Applications may be faxed to (804) 378-7267, or mailed to:

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

***Payments outside of the United States must be by money order or cashier's check in United States Dollars, payable to ICHCC. Credit card payments may be processed online at ichcc.org.**

Please use the following form to identify the CEU's you are using to renew your CLCP 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 CEU's are not preapproved, please indicate on the following form. The non-preapproved conference information must be attached for review by the commission.

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



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

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 | | | |
| yes no | | | |

Total CEUs: _____