

APPLICATION FOR RENEWAL
Medicare Set-aside Certified Consultant

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

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

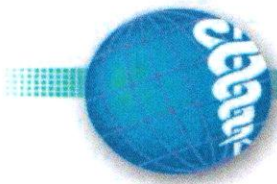
International Commission on Health Care Certification
13801 Village Mill Drive
Suite 103
Midlothian, VA 23114

***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 MSCC 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: