



INTERNATIONAL COMMISSION  
ON HEALTH CARE CERTIFICATION

## APPLICATION FOR RENEWAL

### Certified Geriatric Care Manager

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:**

\_\_\_\_\_

ICHCC requires 15 Continuing Education Units for CGCM 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, or emailed to [ichcc1@gmail.com](mailto: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](http://ichcc.org) or by paying using the invoice that will automatically be sent to your email address the ICHCC has on file.**

Please use the following form to identify the CEU's you are using to renew your CGCM 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 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.

13801 Village Mill Drive, Suite 103, Midlothian, VA 23114 • P 804-378-7273 F 804-378-7267

Name: \_\_\_\_\_



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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			

Total CEUs: \_\_\_\_\_