



## APPLICATION FOR RENEWAL

### Certified Life Care Planner Credential

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 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 \$400 if all courses are ICHCC preapproved. Should any course be non-preapproved, a recertification fee of \$450 must be submitted. It will state on your Certificates of Completion if the course was approved for CEUs by the ICHCC and/or for the CLCP certification

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

**International Commission on Health Care Certification (ICHCC)**

**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 an invoice you will receive via the email we have on file.

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 ICHCC preapproved, please indicate on the following form. The non-preapproved training program information must be attached for review by the ICHCC. If any of the submitted CEU hours are non-preapproved, you will be issued an updated invoice. Should you have any questions, please feel free to contact us at (804) 378-7273.



INTERNATIONAL COMMISSION  
ON HEALTH CARE CERTIFICATION

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

| Preapproved<br>(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                    |      |                                   |                |

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