

## 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 \$400 if all courses are preapproved. Should any course be non-preapproved, a recertification fee of \$450 must be submitted.

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

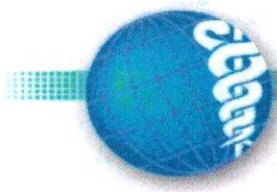
International Commission on Health Care Certification  
13801 Village Mill Drive  
Suite 103  
Midlothian, VA 23114

**\*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](http://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: