

APPLICATION FOR RENEWAL

Medicare Set-Aside Certified Consultant

		Date		
Name		Certificate	Certificate Number	
Street Address	City	State	Zip	
Phone	Em	Email		
On the line below, please	list your name as you wish to have	e it read on your o	ertificate:	
ICHCC requires 15 Continuing Edu	cation Units for MSCC recertificatio	n every three (3) y	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, 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 or you may pay by
an invoice that will be sent to your email address.

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. It will state on your Certificate of Completion forms if a course's CEU hours were pre-approved by the ICHCC.

Should you have any questions, please feel free to contact us at (804) 378-7273.

Preapproved	Date	Name of Conference/ Course/ Event	Number of CEUs	
(please circle)	Date	ivaline of conference, course, Event	Number of CEOS	
yes no				
yes no	_			
yes no				
yes no				

Total	CEUs:		
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