**Re-certification Year**

**2015 \_\_\_ 2016 \_\_\_**

**2017 \_\_\_ 2018 \_\_\_**

**Certification Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CCP/CPC Re-certification Application-Life Time-Extension Request-Accreditation Review CSB File No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mr./Ms. First Name Middle Last Name

Title Company

Business Mailing Address City State Zip code

Please send all correspondence related to this cover application to my [ ] Home [ ] Business

Fee Schedule: CCP/CPC Recertification Fee (BCMA Member) $ 60 [ ]

 CCP/CPC Recertification Fee (Non-Member) $225 [ ]

**GL # 1030904** Extension or Late Filing Fee $ 35 [ ]

 Total Enclosed with Report $\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment: [ ]  Check made payable to (BCMA) Business Credit Management Association Attn: Credentialing Standards Board

[ ]  Credit Card Charge To: [ ] MasterCard [ ]  Visa [ ]  American Express [ ]  Discover

Candidate requested extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_months/year.

(Standard extension is for a period of six (6) months)

Re-certification Fees Paid: YES NO

Candidate is a CCP\_\_\_\_\_\_\_, CPC\_\_\_\_\_\_\_\_ Required Number of CPE’s to Re-Certify: 40 CPE’s or 60 CPE’s.

Continuing Professional Education Units Reported and submitted with the Re-Certification Dossier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional attained the age of 59 ½ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Requested lifetime certification status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COMPLETE ALL OF THE ABOVE THAT APPLIES:***

Professional Requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

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 Signed Date

**CSB ADMIN ONLY:**

**Approved: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_Re-Certification Date advanced for three years to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **signature of CSB Board Member or Authorized Jurisdiction Reviewer Date**

**Professional/Excellence**