



Renewal Extension Request

All CCB certification holders are given a 1 month grace period to submit their renewal documentation and fees. However, if additional time is needed, certification holders can apply for an additional 1 or 2-month extension using this form. CCB will process extension requests within five business days. Ensure the form is completed accurately and completely to avoid delays.

Return completed form and fees to:

mail: Compliance Certification Board, 6462 City West Parkway, Eden Prairie, MN 55344 USA

fax: +1 952.988.0146 | **email:** ccb@compliancecertification.org | **phone:** +1 952.933.4977 or 888.580.8373

PERSONAL INFORMATION

* First Name	* Last Name	* Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Telephone	SCCE/HCCA ID number (optional)	*Email (confirmations will be sent to this address)
<input type="text"/>	<input type="text"/>	<input type="text"/>

I would like to request a 1-month 2-month extension beyond my renewal date and 1 month grace period.

**DENOTES REQUIRED FIELD*

CERTIFICATION

*Select the certification you are requesting an extension for:

- CCEP CCEP-I CCEP-F CHC CHRC CHPC CHC-F

EXTENSION

Include all fees with your application. All checks should be made payable to "Compliance Certification Board." Funds from international countries should be submitted in U.S. dollars. For wire transfer details, email ap@corporatecompliance.org.

\$50 (1-month) OR \$100 (2-month)

Payment Method:

- Check
 I authorize CCB to charge my credit card (choose below):
 AmericanExpress MasterCard Visa Discover

Extensions will not be processed until payment has been received.

Credit Card Account Number: _____

Refund Policy: No refunds will be issued to those requesting a renewal extension even when the requested time is not used.

Credit Card Expiration Date: _____

Due to PCI Compliance, please do not provide any credit card information via email. You may email this form (without credit card information) to ccb@compliancecertification.org and CCB will contact you for payment using the telephone number listed within this application.

Billing Postal/Zip Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____

ACKNOWLEDGMENTS

By signing below, I understand that by using an extension, my original renewal expiration date will remain the same for my next renewal period. I also understand that there are no refunds on extension fees, and there is a 2-month maximum for the extension. Those who need to use the grace or extension periods should note that their next renewal period will be shorter than 24 months. Within this reduced time, you will still be required to accumulate 40 CCB CEUs.

*Signature

*Date