



## APPLICATION FOR RENEWAL

Certified Medical Cost Projection Specialist

Date \_\_\_\_\_

Name \_\_\_\_\_ Certificate Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

On the line below, please list your name exactly as you want it on your certificate:

\_\_\_\_\_

ICHCC requires 15 Continuing Education Units for CMCPs recertification every three (3) years. Five (5) of these 15 required hours must relate to Ethics.

The recertification fee is \$300 if all courses are ICHCC 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](mailto:ichcc1@gmail.com) or mailed to:

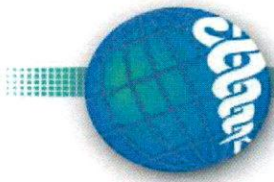
International Commission on Health Care Certification  
13801 Village Mill Drive  
Suite 103  
Midlothian, VA 23114

**\*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 CGCM 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: