



# CHPC Certification Renewal Application

Please use this Renewal Application only if CCB does not have documentation of your 40 CCB CEUs required for renewal. Return this completed form to CCB with the renewal fee by your renewal date. You will receive a confirmation notice within four weeks.

If CCB already has documentation of your 40 CCB CEUs required for renewal, you do not need to complete this form. To renew your CCB certification, pay the renewal fee online at [www.hcca-info.org](http://www.hcca-info.org), download an invoice and submit payment via check, or call and make a payment by phone.

**mail:** Compliance Certification Board, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, U.S.

**fax:** 952-988-0146 | **email:** [ccb@compliancecertification.org](mailto:ccb@compliancecertification.org) | **phone:** 888 580 8373 or +1 952 988 0141

## 1 PERSONAL INFORMATION

* First Name	* Last Name	* Middle Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Job Title	*Employer		
<input type="text"/>	<input type="text"/>		
*Street Address			
<input type="text"/>			
*City/Town	*State/Province	*Country	*Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Telephone	SCCE/HCCA User ID (optional)	*Email (confirmations will be sent to this address)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

\*DENOTES REQUIRED FIELD

## 2 CONTINUING EDUCATION

To renew your certification, you must submit documentation of 40 CCB continuing education units, of which 20 must have come from “live” training events, and must have been earned within the 24-month period preceding the renewal date. Please list below CEUs earned, **if they are not already on file with CCB.**

CEUs can be earned from programs outside HCCA and SCCE activities. You can submit these activities for CCB CEU approval using the online or paper Individual Accreditation Application form. Please see the *CHPC Candidate Handbook* for more information on obtaining outside CEUs for your CCB certification.

Title	Date	Credits

All continuing education submissions are subject to audit. Intentional or willful non-compliance with continuing education requirements may be considered grounds for revocation of certification in accordance with CCB policy.

### 3 FEES

Include all fees with your renewal 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](mailto:ap@corporatecompliance.org).

See the *CHPC Candidate Handbook* for other fees that may be associated with your renewal, payment methods, and CCB’s refund policy.

#### CHPC CERTIFICATION RENEWAL FEE

HCCA or SCCE Member: \$100 **OR**  Non-member: \$200

#### PAYMENT METHOD

Check

I authorize the CCB to charge my credit card (choose below):

American Express  MasterCard  Visa  Discover

\_\_\_\_\_  
Credit Card Account Number

\_\_\_\_\_  
Credit Card Expiration Date

\_\_\_\_\_  
Billing Postal/Zip Code

\_\_\_\_\_  
Cardholder’s Name

\_\_\_\_\_  
Cardholder’s Signature

### 4 ACKNOWLEDGMENTS

**Please read, and check the boxes below** regarding your understanding of CCB certification policies & procedures. All three items below must be checked for CCB to process this renewal.

**I have read the current CHPC Candidate Handbook** and understand the policies and procedures, including (but not limited to), the requirements to renew my certification.

**I have read the “Code of Professional Ethics for Health Care Compliance Professionals”** found in the *CHPC Candidate Handbook* or online at [www.compliancecertification.org](http://www.compliancecertification.org).

**Yes**  **No** **Have you been convicted of a felony?**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By signing above, I further attest that all information included on this application and any additional supporting documentation is true and accurate. I acknowledge that if any of the information supplied is shown to be incorrect, I may be subject to revocation of certification in accordance with CCB policy. I authorize CCB to conduct a background check at its discretion. **Candidate signature and date must be completed for CCB to process this application.**