

Compliance Certification Board (CCB)[®]

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	*Email (confirmations will be sent to this address)
<input type="text"/>	<input type="text"/>	<input type="text"/>

*DENOTES REQUIRED FIELD

CERTIFICATION

*Select the certification you are requesting an extension for:

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

(Note: If you are requesting extensions for more than one certification listed above, you must submit one form for each certification.)

EXTENSION

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

FEES

Extensions will not be processed until payment has been received.

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.

No refunds will be issued for paid extension fees even if the requested time is not used.

EXTENSION FEE

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

PAYMENT

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

Fax to: +1 952.988.0146 | **Mail** to CCB, 6462 City West Parkway, Eden Prairie, MN 55344 USA

- Check enclosed
 Credit card: I authorize CCB to charge my credit card below
 Visa MasterCard Discover American Express

Credit Card Account Number

Credit Card Expiration Date Credit Card Billing Zip Code

Cardholder's Name

Cardholder's Signature

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