



Application for Certification Renewal

Name: _____ Certification Number: _____

____ Credit Counselor ____ Financial Health Counselor

____ Debt Settlement Specialist ____ Senior Credit Counselor

Renewal Fee ____ \$50 (not for profit) ____ \$100 (for profit)

Method of Payment ____ Check ____ Credit Card

*Credit Card Type (circle one): MC Visa American Express

Credit Card #: _____ Exp Date: _____

Please check one: ____ Independent ____ Employee

Please fill out this box if you checked Independent

Contact Information: _____
(Address)

Phone Number)

(Email)

Please fill this box if you checked Employee

Organization: _____

Address: _____

Contact Person: _____

(Full Name)

(Phone Number)

(Email)

List all continuing education completed during your current certification.

<u>Course Title</u>	<u>Date Completed</u>	<u>Number of CEUs</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Please note: To qualify for certification renewal, you must complete a total of 16 continuing education units.

Please mail or email completed form to the National Association of Certified Credit Counselors at office@nacc.us. An electronic version of this form is on the CD included in your continuing education package.