

Name			
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C. CONTINUING EDUCATION - Life Care Planning:

You must provide documentation of continuing education. You are required to complete **60** contact hours directly related to life care planning in the last five year period beginning from the date of your initial certification or recertification. Refer to your Recertification Guidelines for appropriate course content and for alternatives to continuing education. You may duplicate this page if more space is needed.

YOU MUST SEND CERTIFICATES OF COMPLETION WITH THIS APPLICATION. PLEASE NOTE THAT PROOF OF ATTENDANCE AND/OR COPIES OF CERTIFICATES SHOULD BE KEPT BY YOU FOR A MINIMUM OF 5 YEARS. YOUR DOCUMENTATION IS SUBJECT TO AUDIT BY THE CERTIFICATION BOARD.

CERT. #	DATES	NAME OF COURSE	CONTACT NUMBER & ADDRESS OF CEU PROVIDER	CONTACT HOURS	FOR USE
TOTAL HOURS THIS PAGE =>					

Candidate Signature

complete. Information on a candidate's Initial certification date, renewal dates, and any CNLCP suspensions or revocation of CNLCP will be released for release of this information and for the use of aggregate data. Personal information outside of CNLCP status can only be accessed and/or released by the candidate.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT
 If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

Expiration date (month/year): /

Card type: Visa MasterCard American Express

Card Number:

Signature: _____

FOR OFFICE USE ONLY

Date: _____

Fee:

CC Check
