Application for CEAL Renewal

CEAL Certifcation Renewal

Certification Renewal Date: ☐ January 15th ☐ July 15th Year: _____

Check the appropriate box below:

☐ I wish to renew. ☐ I do NOT wish to renew

Renewal Form:

Please provide the following information. The name will appear as you write it below.

Name: _____ Nickname: _____ ☐ New Name: _____

Employer: _____ Work Title: _____

Personal email: _____ Work email:_____

Home Address: _____ Work Address: _____

City, ST, Zip: _____ City, ST, Zip: _____

Credit Card Payment

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Holder: _____

Signature: _____

☐ I authorize OHCA to charge my credit card $25 for renewal plus any applicable late fees.

- Failure to renew prior to the date of expiration invokes a $50 per calendar quarter late penalty, up to a maximum of 4 quarters or $200.
- Failure to renew for an entire year will require the individual to attend the CEAL education course and retake the NAB exams.

FAILURE TO RETURN THIS FORM WILL BE CONSIDERED ABANDOMENT OF CERTIFICATION

Instructions:

1. Renewal fee: $25.00. Complete credit card information above or make check payable to "EFOHCA".
2. Complete this form FRONT and BACK and attach continuing education certificates.
3. Mail: this form with attachments and payment to:

EFOHCA
9200 Worthington Road, Suite 110
Westerville, OH 43082
Attn.: CEAL® renewal

**Must be postmarked by the15th of the renewal month or a late fee will be assessed.*
**HSE: Please note that if you are an HSE (Health Services Executive), you do not have to provide CE verification. Simply fill out the renewal form, include your payment and you will be approved for renewal.*

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Note: Fifteen (15) hours of continuing education credits (CEs) are required for the annual renewal of your CEAL®. CEs earned during your CEAL® course can not be used for renewal requirement.

Note: Attach certificates from all programs

Title Of Continuing Education Program	Provider Name City/State	From Mo/Day/Yr	To Mo/Day/Yr	# Hours
			Total Hours:	

I hereby certify that the information provided herein is complete and accurate and that there are no misrepresentations, omissions or falsifications in the statement and answers I have given.

Signature: _____ Date: _____