

Application for CEAL[®] Renewal

CERTIFICATION RENEWAL DATE: January 15 July 15 Year _____

Check the Appropriate Box Below:

I wish to renew I do NOT wish to renew

Renewal Form:

Please provide the following information:

Name: _____ Nickname _____ New Name
(to appear on Certificate)

Title: _____

Email: _____ New Email

Address: _____ New Address

City: _____ State: _____ 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 ABANDONMENT 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 the 15th 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.*

