

**Certified Correctional Health Professional  
Application for Continuing Certification**

**NAME AND PROFESSIONAL STATUS.** Please print or type your name as you would like it to appear on all official documents.

Name: \_\_\_\_\_  M  F Degree/Certification: \_\_\_\_\_

Job Title: \_\_\_\_\_

Primary work setting (check one):

- Advocacy     County or city jail     Dept of health     Federal prison     Federal - ICE     Hospital  
 State DOC     State juvenile     State prison     University     Other \_\_\_\_\_

Primary profession (check one):

- Administrator     Attorney     Dentist     Nurse     Nurse practitioner     Pharmacist     Physician  
 Physician assistant     Psychiatrist     Psychologist     Social worker     Other \_\_\_\_\_

**CONTACT INFORMATION FOR BUSINESS/WORK**

Company/Facility Name \_\_\_\_\_ Department \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business Email \_\_\_\_\_

**CONTACT INFORMATION FOR HOME**

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Home Email \_\_\_\_\_

**PREFERRED MAILING.**  Home  Business

**PAYMENT INFORMATION.** The recertification fee is \$75. If submitted after the due date, a \$25 late fee must be added. Purchase orders are not accepted. Make checks payable to the CCHP Board of Trustees.

CCHP recertification fee:                      thru expiration date                      after expiration date  
 \$75     \$100    \$ \_\_\_\_\_

**Optional Fees:**

Academy Membership (CCHP's save 33%)                       \$50     \$50    \$ \_\_\_\_\_

Academy scholarship contribution:                       \$10                       \$25                       \$50                       Other    \$ \_\_\_\_\_

Please bill the  Visa  MasterCard  American Express indicated below:

Name as shown on the card (Print): \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing address (if different from mailing address): \_\_\_\_\_

## Continuing Education Activities

Please list the dates, program titles or activities in which you participated and number of hours earned during your current 1-year certification period (listed on your current CCHP certificate). See the enclosed list of frequently asked questions for detailed guidelines and instructions. If there is not enough room on this form, please attach a separate sheet.

### CATEGORY 1: CONTINUING EDUCATION ACTIVITIES SPECIFIC TO CORRECTIONAL HEALTH CARE

Date (Month/Year)	Program/Course Title	Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Subtotal Category 1 (Must equal 6 hours or more)</b>		_____

### CATEGORY 2: GENERAL CONTINUING EDUCATION ACTIVITIES

Date (Month/Year)	Program/Course Title	Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Subtotal Category 2</b>		_____
<b>Total Number of Hours Earned (Must equal 18 hours or more)</b>		=====

### RECERTIFICATION STATEMENT

I certify and, by my signature, attest that I have read and understand the eligibility requirements described in the enclosed guidelines for application for continuing certification and that I meet these eligibility requirements. If my eligibility changes, I will so notify the CCHP Board of Trustees. I further understand that any false statement or misrepresentation that I may make in these proceedings and application for continuing certification may result in the revocation of my certification. I also agree to indemnify and hold harmless the NCCHC and CCHP Board of Trustees, their officers, directors, employees and agents from any or all liability, loss, or damage that may result from a denial of my application for continuing certification as a CCHP.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this form with your payment to  
CCHP Board of Trustees  
P.O. Box 11117  
Chicago, IL 60611  
Fax (773) 880-2424