VCB EXPIRATION DATE CHANGE REQUEST FORM

This form is optional and cannot be used to recertify any credential. If you need to recertify please see the Recertification Application.

By my signature below I authorize VCB to change the expiration date of the indicated credential(s) to that of my original credential. In this way, recertification for both or all credentials may occur with the same application, most or all of the same education (depending on the credential) and date. I also acknowledge that I may be gaining time or losing time by the expiration date change.

I understand that changing an expiration date may possibly shorten the time I have to accrue continuing education, and no extensions of time or grace period will be granted. Recertification will be due on the new expiration date. (It may be beneficial to delay your date changes if you are in danger of not meeting your obligation of recertifying by the expiration date).

Signature:			Date:	
Print name clearly:				
Address:				
City:		Stat	te:	_ Zip:
Phone:	Email:			
My original credential is a		with a current expira	ation date of	
Please change the following cred	dential's expiration	date to that of my o	riginal credent	ial's date:
Acronym:	Current Expiration Date:			
		Current Expiration Date:		
Acronym:	Curre	Current Expiration Date:		
		Current Expiration Date:		
Please email, mail or f	ax form to VCB alo	ng with the fee of \$	25 per credent	ial to be changed.
Fees can be paid using one of the fo	ollowing:			
Check/MO (payable to VCB)				
□ Credit Card (Visa, MasterCard o Discover)	r			
3-digit code: Ex	p. Date:	Name on Card:		
	Harr Phone: (804) 74	98 S. Progress Ave. isburg, Pa 17109 1-2319 Fax: (717) 54 d.org www.vacerth		

A new certificate will be sent to you upon expiration date change.