



Registrant Renewal Verification

Demographic Information

Date Submitted ____ / ____ / ____

Name: _____ Preferred Mailing Address Business Home

Business Name: _____

Business Address: _____ City/State/Zip: _____

Business Phone #: ____ / ____ / ____ Ext ____ Business Fax #: ____ / ____ / ____

Email Address _____

Company Website: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: ____ / ____ / ____ Home Fax #: ____ / ____ / ____

Continuing Education Credits

10 Documented CEC credits must pertain directly to the provision of accessibility and home modification or related rehab or therapy services. Attach completed Application for CEC form for EACH SEPARATE CEC activity.

Registrant Fee & Payment

\$75.00 C.E.A.C. Certification Renewal Fee

Payment:

Check: (Check#) _____ Amount \$ _____

OR

Credit Card:

Visa MasterCard AMEX

Credit Card #: _____

3-Digit Security Code (4-digit for AMEX): _____ Expiration Date: _____

Billing Address: _____ City/State/Zip: _____

Print Name of Card Holder: _____

Signature of Card Holder: _____

Registrant's Signature: _____