National Association of Certified Credit Counselors

# Application for Certification Renewal

**Name:** _____ **Certification Number:** _____

**Certification Expiration Date:** _____

____ **Credit Counselor** ____ **Financial Health Counselor**

____ **Debt Settlement Specialist** ____ **Senior Credit Counselor**

____ **Accredited Financial Counselor** ____ **Certified Housing Counselor**

**Renewal Fee:** _____ **$100**

**Method of Payment:** _____ **Check** _____ **Credit Card**

*Credit Card Type (circle one): MC Visa American Express

Credit Card #: _____ Exp. Date: _____

*Please check one:* ____ **Independent** ____ **Employee**

*Please fill out this box if you checked Independent*

**Contact Information:** _____
(Address)

_____
Phone Number)

_____
(Email)

*Please fill this box if you checked Employee*

**Organization:** _____

**Address:** _____

_____

**Contact Person:** _____

(Full Name)

_____

(Phone Number)

_____

(Email)

List all continuing education completed during your current certification.

| Course Title | Date Completed | Number of CEUs |
| --- | --- | --- |
| | | |
| | | |
| | | |
| | | |
| | | |

Total _____

**Please note: To qualify for certification renewal, you must complete a total of 16 continuing education units.**

Please mail or email completed form to the National Association of Certified Credit Counselors at office@naccc.us.