

APPLICATION FOR RENEWAL OF CERTIFICATION

Send completed application to: **Executive Director** National Registry of Certified Chemists 125 Rose Ann Ln West Grove, PA 19390-8946 rphifer@nrcc6.org

Instructions: Please type or print all information. Enclose the appropriate fee or submit electronically using the included credit card form. Checks should be made out to NRCC. Purchase orders are accepted. Receipt will be provided upon request.

I hereby apply for renewal of my registered professional status.

| | | 2015 | 2015-2017 | |
|---------------------------------|-----------------------|------|-----------|--|
| Chemical Hygie | ne Officer | \$85 | \$230 | |
| Clinical Chemist | | \$85 | \$230 | |
| Clinical Chemistry Technologist | | \$75 | \$200 | |
| Toxicological Chemist | | \$85 | \$230 | |
| Toxicological Technologist | | \$75 | \$200 | |
| Environmental | Analytical Chemist | \$85 | \$230 | |
| Environmental | Analytical Technician | \$75 | \$200 | |
| | | | | |
| Title: Dr | Mr Mrs | Ms | Other | |
| | | | | |
| Name | | | | |
| Street | | | | |
| Address | | | | |
| City, State, ZIP | | | | |
| Daytime | | | | |
| Phone | | | | |
| Preferred Email | | | | |
| Degrees Held | | | | |
| | | | | |
| Office use only: | | | | |

Certificate sent

Cert#

Rec:

Cat:

Fee:

| Experience in Chemistry 2014 (or since prior renewal): | | | | | |
|--|---|---|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Current Position: | Dates: | - | | | |
| Name & Address of Employer | Name and title of Supervisor | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Brief Description of my duties, responsertification: | onsibilities and activities as they pertain to my | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Prior position within renewal period: | | | | | |
| Name & Address of Employer | Name and title of Supervisor | | | | |
| | | _ | | | |
| | | | | | |
| | | J | | | |
| Continuing education earned within | renewal period: | | | | |
| - | CME Other | | | | |
| | iring the renewal period by a court of competer | | | | |
| | tude. If the answer was yes, attach pertinent o | - | | | |
| | | | | | |
| Signed: | Date: | _ | | | |
| (Page 2) | | | | | |

To pay by credit card, please complete the following form. All credit cards are processed through the First Data secure payment system.

| Name on Card: | |
|----------------------|--|
| Billing address: | |
| Visa, Mastercard, or | |
| American Express | |
| Card #: | |
| Expiration date: | |

Thank you!

Please let us know if you have any questions.

This page will be shredded immediately upon entry into the system.