



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

**Certified Healthcare Risk Manager Credential – Renewal for
Preapproved Continuing Education Hours**

Name _____ Certificate Number _____
Address _____
Phone _____ Email _____

Please list the credentials to include in your title on your certification certificate (please remember to include current copies of those certifications) _____

You need to submit 30 Continuing Education Units, and 6 of them need to be related to ethics. Please include copies of the certificate of completion/attendance for each event. Fill out this form identifying the CEU's you are using to renew your CHRM credential.

If any of the CEU's are not preapproved, please use a separate renewal form to describe the course. Go to our website (www.ichcc.org) and click on the "Certification Programs" folder in the left upper part of the page. Please click on the ICHCC Forms globe to access the renewal form. You will need to attach the non-pre-approved conference information so it can be approved, plus a \$10 review fee per conference, with a \$50 cap.

Please be advised that the recertification timeframe is three (3) years, with a required 30 CEUs, including 6 hours of ethics. This change went into effect as of February 1, 2007, and will be required for your next recertification.

Date of event	Name of conference/course/event	Number of CEU's

TOTAL: _____/30