



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

**Medicare Set-aside Certified Consultant 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 only need to submit 15 Continuing Education Units, and none 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 MSCC 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.

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

TOTAL: _____/15