



RECERTIFICATION APPLICATION

FIRST NAME _____ LAST NAME _____ M.I. _____

ADDRESS _____ APT. _____

ADDRESS CONT. _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ POSTAL CODE _____

CERTIFICATION NO. _____ CERTIFICATION EXP. DATE ____/____/____

\$35 RE-CERTIFICATION FEE ENCLOSED _____

PAYMENT METHOD: *(Circle one)* Check/Money Order Visa MasterCard Discover Amex

ACCOUNT NO. _____ EXP. DATE ____/____ SECURITY CODE _____

SIGNATURE _____ DATE _____

Action Code	Activity Category	Date	Activity Sponsor	Contact Hours	Documentation Enclosed	CEUs Reported
E	ETHICS (Required)					
I	CPR & FIRST AID (Required)					
CEU TOTAL						

The above form as well as copy of verification must be submitted for CEU reporting. The NCSF continuing education department will assign a CEU value based on the aforementioned polices with this Recertification Handbook.

Submit to: **NCSF Board for Certification**
P.O. Box 163908, Miami, FL 33116