



IAHCSMM RENEWAL STATEMENT

55 West Wacker Drive, Suite 501, Chicago, IL 60601 • IAHCSMM.org
Toll-Free: 1.800.962.8274 • Local: 1.312.440.0078 • fax: 1.312.440.9474

If you would like to update your name, address, or other contact & employment details, please see the reverse side of this form. You may also update your information by email (mailbox@iahcsmm.org), phone (1.800.962.8274), or online at IAHCSMM.org.

IF SUBMITTING BY MAIL OR FAX,
A COPY OF THIS STATEMENT MUST BE
RETURNED WITH YOUR RENEWAL

FULL NAME:

IAHCSMM ID#:

RENEWAL DATE:

CERTIFICATIONS:

CE CREDITS DUE:

CONTINUING EDUCATION CREDITS

- Attached** (recommended) **Already Submitted** **Will Submit Separately** (by above due date)

RENEWAL FEE

\$60 Certification with Membership

Includes one year of re-certification & membership, plus:

- Subscriptions to *Central Source* & *Communiqué* magazines
- Discounts on a variety of products, including: online lessons, webinars, annual conference fees, publications & merchandise
- Access to the online forum & resource documents at IAHCSMM.org
- Eligibility to vote in IAHCSMM elections, run for office, and more!

\$50 Certification Only

Includes one year of re-certification, plus:

- Subscriptions to *Central Source* & *Communiqué*

* **Please Note:** If no selection is made in this section, you will be charged \$50 for certification only

PAYMENT METHOD

If paying by mail or fax, please submit a copy of this statement, your payment, and your CE credits to:

Mail: IAHCSMM, 55 West Wacker Drive, Suite 501, Chicago, IL 60601 Fax: 1.312.440.9474

Credit/Debit Card

Credit/Debit Card #: _____

Card Expiration Date: _____ CV2 #: _____

Card Holder's Printed Name: _____

Card Holder's Signature: _____

Email Address for Receipt: _____

Check (enclosed)

Check #: _____

Money Order (enclosed)

M. O. #: _____

Online Payment (Visit IAHCSMM.org to renew your certification and/or membership. Savings on online lesson plans are available to those opting to renew membership. Additionally, if you renew online, you do not need to submit a copy of this renewal statement.)

* **Please Note:** IAHCSMM **cannot** accept cash payments

PLEASE NOTE Your complete renewal (re-certification fee and continuing education credits) is due by the above listed date. If your complete renewal is not received by this due date, your certification(s) will be suspended. During a suspension you **are not** considered certified and **cannot** use any of the certification titles you may hold. You would then have a 6 week grace period in which to submit all past-due fees and CE credits. If your complete renewal is not received by the end of this grace period your certification(s) would then be revoked and you would be required to test in order to regain any and all certifications. To avoid having your certification(s) suspended, or possibly revoked, IAHCSMM **strongly** encourages you to renew at least 4 weeks prior to your due date. (Once received by IAHCSMM, renewals are typically processed within 5-7 business days.)

STATEMENT OF UNDERSTANDING By submitting a renewal fee and continuing education credits, I attest that I have read and understand the IAHCSMM Certification Handbook (available online at IAHCSMM.org) and agree to abide by the certification program's policies and procedures, and adhere to the Association's Code of Conduct. I agree to inform IAHCSMM, without delay, of any matter that affects my ability to continue to fulfill the certification requirements. I further certify that the information provided by and about me on this form (and any other subsequent documentation submitted in relation to my certification) is accurate and correct. I understand that the information I provide to IAHCSMM may be audited for verification. I agree to provide any information necessary to verify my renewal credits and authorize IAHCSMM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification that is determined to be false or purposefully misleading, or violation of any portion of the Code of Conduct and/or other policies and procedures, may result in disciplinary action, including the possible revocation of certification, as outlined in the disciplinary policy. I agree that all claims made regarding my certification status must be in compliance with IAHCSMM policies including the acceptable use policy and that I may use the certification(s) granted to me only as authorized. I agree to refrain from making any statement regarding the certification that is inaccurate, misleading, or unauthorized.

A NOTE ABOUT CONTRIBUTIONS For tax purposes, membership dues may be deducted as a business expense but not as a charitable donation. IAHCSMM estimated that \$5.28 of membership fees are not deductible in accordance with the IRS Sec 6033.

ACCOUNT INFORMATION If you would like to update any of your personal or professional information, you may do so below. You may also update this information at any time by phone (1.800.962.8274), email (mailbox@iahcsmm.org), or by logging into your account at IAHCsMM.org.

Please Note: To update your name you *must* submit a copy of a legal name change document.

PERSONAL CONTACT INFORMATION

First Name(s):

Last Name(s):

Home Number:

Mobile Number:

Personal Email:

Home Address:

PROFESIONAL INFORMATION

Place of Employment:

Employment Address:

Job Title:

Work Phone Number:

Work Email Address: