

Recertification Application Form

Applying for: ___CTB ___CTCB ___CFB ___CFB-N ___CFB-S

Please type or print:

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Date of Initial Certification: _____

Date of Last Recertification: _____

Years of Experience: _____ Age of Applicant: _____

Signature: _____

Directions:

1. Please complete all pages of this application form. If the information requested does not apply, please mark that page or line N/A for "Not Applicable".
2. Print or type all information legibly.
3. Do not submit original documentation. To assist the Certification Committee in evaluating your application packet, please highlight important information on the documentation submitted including: title of course/article/speech, date, etc.
4. Photocopy additional pages of the form as necessary.
5. Sign the **recertification application** form.
6. Submit the original of this application package, retaining a photocopy for your records.
7. **Mail/Email complete recertification packet.** (2331 Rock Spring Road, Forest Hill, MD 21050, Email: info@sportsbuilders.org)