



CACEO Certification Amnesty Form

Name:		Agency:	
Address:			
City:		State:	Zip:
E-mail		Phone:	
Date Certification is Set to Expire:			
Number of Hours Obtained to Date:			

Extension Amnesty: Designed for those with current certifications who will not meet the 48-hour CEU requirement, available on a one-time basis.

Requirements:

1. The applicant must be a CACEO member. They can renew their membership with their application.
2. The applicant must be currently certified, but in danger of not reaching the requisite 48 hours of continuing education in order to maintain certification.
3. Prior to the deadline for their certification renewal, the applicant may apply for a one-year extension on their certification termination date by submitting the request and the \$100.00 fee.
4. If all other criteria are met, a one-year extension will be granted.
5. If, at the end of that extension, the applicant still does not have the requisite 48 hours of continuing education, their certification will lapse, and they will need to start the certification process anew.

It is important to note that these are either/or options. A certified member may either take the substituted service exam or be granted an extension only once. Once a member utilizes one of these options, the other will no longer be available. Additionally, applicants will only be allowed to do this one time. If they fail to maintain certification after they use the Amnesty program, they will be required to begin the certification process from the beginning.

I _____(NAME) acknowledge that this is a one-year extension on my certification, not a renewal of my certification. I understand that before this new extension deadline I will have to submit the Certification Renewal form, 48 hours of continuing education hours, and \$200.00 in order to have my certification renewed for another three years. I understand that I am **only allowed to request an extension once**, and that if I do not submit the necessary CEUs within the required period at any point in the future that I will be required to start from the beginning on the entire certification process.

Signature: _____ Date: _____

Payment Options		
Check # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number:		
Expiration Date:	Security Code:	
Name on Card:		
Billing Address:		
City:	State:	Zip:
Authorized Signature:		

Please send completed form and payment to:

1800 J Street, Sacramento, CA 95811 • Phone: 916-492-2223 • Fax: 866-508-3947