

**CHID Recertification Application (Page 1 of 2)**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

If you were certified under a different name, please print former name

\_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_

E-mail \_\_\_\_\_

Current Mailing Address (Street/Apt #) \_\_\_\_\_

City/State/ZIP/Country \_\_\_\_\_

Is this an address change?    Yes    No

Current Employer \_\_\_\_\_

**Attestation**

I hereby verify the truth of these entries (see attached form) on this recertification form. I affirm that I participated in the educational sessions and completed a minimum of 10 CE hours required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Method**

If you are paying by credit card, payments may be made online at [aahid.org/certification/recertification/](http://aahid.org/certification/recertification/).

Email application to [recertify@aahid.org](mailto:recertify@aahid.org).

If you are paying by check, print your application and mail it to the AAHID office with payment included.

AAHID  
c/o CHID Recertification  
8735 W. Higgins Road, Suite 300  
Chicago, IL 60631  
Phone: 847.375.6870



**Continuing Education Report Form (Page 2 of 2)**

AAHID would like to know what CE you have earned throughout the recertification cycle. Please list below including:

- Provider
- Course Title
- Number of CEs

If it is more convenient for you, you may submit a print out of your IDCEC record to [recertify@aa hid.org](mailto:recertify@aa hid.org).

*Note that this is not an audit. Audits will be selected and notified separately.*

**NAME:**

**AAHID Reporting Period: 1/1/15-12/31/16**

**CHID CERT NO:**

**DATE:**

**NCIDQ CERT NO:**

| Line # | Date(s) of Activities | Sponsoring Organization | Activity | Hours | Verified By |
|--------|-----------------------|-------------------------|----------|-------|-------------|
| 1      |                       |                         |          |       |             |
| 2      |                       |                         |          |       |             |
| 3      |                       |                         |          |       |             |
| 4      |                       |                         |          |       |             |
| 5      |                       |                         |          |       |             |
| 6      |                       |                         |          |       |             |
| 7      |                       |                         |          |       |             |
| 8      |                       |                         |          |       |             |
| 9      |                       |                         |          |       |             |
| 10     |                       |                         |          |       |             |