

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/.

Email application to 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@aaheed.org.

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

NAME:

AAHID Reporting Period: 1/1/17-12/31/18

DATE:

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