

CHID Recertification Application (Page 1 of 2)

Name		
Name(Last)	(First)	(Middle Initial)
If you were certified under a different na	nme, please print former r	name
Phone (work)	(cell)	
E-mail		
Current Mailing Address (Street/Apt #) _		
City/State/ZIP		
Is this an address change? Yes	No	
Current Employer		
Attestation		
I hereby verify the truth of these entries that I participated in the educational ses 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@aahid.org.

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

NAME:

AAHID Reporting Period: 1/1/19 - 12/31/20

DATE: _____

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