



## CBI Recertification Period Extension Request Form

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Recertification Period: \_\_\_\_\_ - \_\_\_\_\_ Requested Extension Date: \_\_\_\_\_

Reason(s) for Extension Request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the activities that you plan to pursue to complete your recertification requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is my first request within my current recertification period.

### TERMS & CONDITIONS:

Upon approval of the Credentials Committee, I understand and agree that my current recertification period will be extended through the date requested above. Once I have completed the recertification requirements, my records will be cleared and I will start my next three year recertification period. The dates of the next recertification period will be January 1 of the following year and end December 31 of the third year. (Example: original recertification period January 1, 2010 through December 31, 2012 with the extended recertification date becoming December 31, 2013. New recertification period dates are January 1, 2010 through December 31, 2013 with the next recertification period being January 1, 2013 through December 31, 2015.)

Upon completion of the required recertification activities, I will send all proof of courses taken and accepted by the IBBA and any other required proof of completion of activities no later than December 15 of the extension year. I agree that I will immediately notify IBBA administration of any inability on my part to complete the required recertification activities no later than December 31 of the extension year.

I agree to an administrative fee of \$50.00 to administer my request for a recertification period extension.

**PAYMENT:**     American Express     MasterCard     VISA

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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