

# Renewal Requirements

Initial certification, earned through the application and exam process, is valid for one year. In order for a C.E.A.C. credentialed consultant to renew his or her credential, documentation supporting the following requirements must be submitted to the eligibility committee at the AHIA's corporate office.

## I. Relevant Work Experience

A credentialed consultant needs to document the following to meet the requirements for relevant work experience during each consecutive year since earning the credential.

A. .25 full time\* in accessibility consulting services (\*Full time work is defined as approximately forty hours per week.)

## II. Professional Development

A. Professional development through education

Several different types of educational experiences will be recognized by the eligibility committee to demonstrate continuing professional development. Certified consultants can earn CEUs (continuing education unit) by attending or conducting conferences and workshops, which award qualified CEUs to participants. Additionally, professional development may be demonstrated by earning academic credit through an academic institution or through online course work.

## III. Fee for Renewal

A fee of seventy-five dollars (\$75 USD) is due at the time of renewal. The fee should be submitted with the forms documenting renewal activities from the previous one-year period.

## IV. Renewal Time Period

Renewal of the credential will be for one year and continue on an annual basis. Renewal application and all documentation must be submitted prior to your credential's expiration date.

***Note:** Environmental Access Consultants will be given one notice to submit forms to verify satisfactory compliance with renewal requirements. If documentation is not received, or activities do not fulfill the requirements, the credential will be revoked. Both the work experience and the professional development requirements must be satisfied in order to be renewed.*

# Application for Continuing Education Credit (CEC)

10 CECs Required Annually for Renewal of the C.E.A.C. Credential. The applicant is responsible for securing proof of attendance and contact hours from the sponsoring organization or course/seminar instructor.

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

**In completing this application for continuing education credit, supporting documentation is required for submissions. For certain activities there is a limit of CECs accepted as noted below.**

**A SEPARATE form must be submitted for each activity.**

Activity	CECs Requested
Course by Healthcare Association (limit 10 CECs)	_____ Contact hours @ 1 CEC per hour = _____ CECs
Course by College or University (limit 8 CECs)	_____ Contact hours @ 1 CEC per hour = _____ CECs
Course by Manufacturer (limit 6 CECs)	_____ Contact hours @ 1 CEC per hour = _____ CECs
In-Service by Manufacturer (limit 6 CECs)	_____ Contact hours @ 1 CEC per hour = _____ CECs
Online Education (limit 10 CECs)	_____ Contact hours @ 1 CEC per hour = _____ CECs
Educational / Technical Presentation (limit 10 CECs) <small>(detailed presentation outline required)</small>	_____ Contact hours @ 1 CEC per hour = _____ CECs

**Please provide all pertinent information:**

Course/Seminar/Event Title: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Course/Seminar/Event Location: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Name (please print): \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

# Registrant Renewal Verification

## Demographic Information

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Date Submitted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Mailing Address · Business · Home

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

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ext \_\_\_\_\_ Business Fax #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Fax #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Continuing Education Credits

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- **10 Documented CEC credits must pertain directly to the provision of accessibility and home modification or related rehab or therapy services. Attach completed Application for CEC form for EACH SEPARATE CEC activity.**

## Registrant Fee & Payment

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- \$75.00 C.E.A.C. Certification Renewal Fee

Payment:

- Check: (Check#) \_\_\_\_\_) Amount \$ \_\_\_\_\_

OR

- Credit Card:

- Visa · MasterCard · AMEX

Credit Card #: \_\_\_\_\_

3-Digit Security Code (4-digit for AMEX): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Print Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Registrant's Signature: \_\_\_\_\_