



4915 S. Howell Avenue
Suite 501
Milwaukee, WI 53207-5939
Telephone: 414.483.4898
Fax: 414.483.6712

www.nacc.org

OFFICE USE ONLY	
Mbr Status:	_____
Cert Years:	_____
EAS Rec:	_____

**APPLICATION FOR RETIRED CHAPLAIN or EDUCATOR RENEWAL
UTILIZING REDUCED CERTIFICATION REQUIREMENTS**

This application should be used by a NACC **Retired Board Certified member** (Chaplain or Educator) who wishes to renew their certification using the reduced renewal of certification requirements. Retired Board Certified members renewing certification utilizing these requirements are **not** eligible to serve on governing or certification bodies of the NACC.

REQUIREMENTS: Must be a Retired Board Certified member of the NACC who has been certified for a minimum of five years and has completed a minimum of one renewal of certification process.

Please clearly print or type:

1. MEMBERSHIP NUMBER: _____

2. TITLE: Rev. Sister Brother Deacon Mr. Mrs. Miss Ms. Dr. Other _____
(Please check one)

3. NAME: _____
(First Name) (MI) (Last Name)

4. MAILING ADDRESS: _____

(City) (State) (Zip)

5. HOME TELEPHONE NUMBER: _____

6. MOBILE TELEPHONE NUMBER: _____

7. E-MAIL ADDRESS: _____

8. YEAR OF INITIAL CERTIFICATION: _____

9. YEAR OF LAST RENEWAL OF CERTIFICATION: _____

10. CERTIFICATE: Please **print** or **type** your name as you wish it to appear on your renewal of certification certificate.

10. SIGN, DATE, AND SUBMIT TO: National Association of Catholic Chaplains
4915 South Howell Avenue, Suite 501
Milwaukee, WI 53207

(Signature) (electronic signature accepted)

(Date)