



Certificate Request Form

If you need to request a replacement certificate for a program you attended, complete the below form and submit to the Local Program Manager via email at acaporellie@chepinc.org or mail to CHEP Inc., Attn: Local Programs, PO Box 229, Perryville, MD, 21903. Certificates are \$25 each and require 3-5 business days for processing. If you are requesting more than four certificates, please complete two separate forms with program information. Certificates for programs more than four seasons prior to the current season may not be available. If you have any questions regarding this process or to make a credit card payment over the phone, contact our office at 410-642-1195.

ATTENDEE INFORMATION

Name: _____ Phone Number: _____

Email Address: _____

Discipline (circle one): MDSW / ACCME / WVSW / APA / ADA / NBCC / NAADAC Other: _____

CERTIFICATE INFORMATION

Date of Program: _____ Program Name: _____

Date of Program: _____ Program Name: _____

Date of Program: _____ Program Name: _____

Date of Program: _____ Program Name: _____

Total Certificates Requested: _____ x's \$25 per transcript = Total Owed: _____

PAYMENT INFORMATION

To pay via check, please make checks payable to **CHEP Inc.** and mail with this form to:

CHEP Inc.

Attn: Local Programs

PO Box 229

Perryville, MD 21903

To pay via credit card, please complete the below or call our office at 410-642-1195:

Name on card: _____ Phone Number: _____

Credit Card Type: _____ Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Signature of card holder: _____ Date: _____