

## DCB Expiration Date Change Request Form

By my signature below I authorize DCB to change the expiration date of the indicated credential(s) to that of my original credential. In this way, recertification for both or all credentials may occur with the same application, most or all of the same education (depending on the credential) and date. I also acknowledge that I may be gaining time or losing time by the expiration date change.

I understand that changing an expiration date may possibly shorten the time I have to accrue continuing education, and no extensions of time or grace period will be granted. Recertification will be due on the new expiration date. (It may be beneficial to delay your date changes if you are in danger of not meeting your obligation of recertifying by the expiration date).

**A new certificate will be sent to you upon expiration date change.**

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

Print name clearly: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My original credential is a \_\_\_\_\_ with a current expiration date of \_\_\_\_\_.

Please change the following credential's expiration date to that of my original credential's date:

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

Acronym: \_\_\_\_\_ Current Expiration Date: \_\_\_\_\_

**Please mail or fax form to DCB along with the fee of \$25 per credential to be changed.**

Fees can be paid using one of the following:

Check/MO (payable to DCB)

**DCB, 298 S. Progress Ave., Harrisburg, Pa 17109  
Phone: (717) 540-4455 Fax: (717) 540-4458**