ROCC® Recertification Form

Name:_____

First Middle Last (Suffix/Credentials)

Please provide permanent contact information. The ROCC® designation belongs to you and not a company, therefore we may need to contact you to provide ROCC® updates to you.

Home Address:_____

_____

Home Phone:_____ **Cell Phone:**_____

Email address:_____

Name of Employer/Facility:_____

Work Address:_____

_____

Work Phone:_____ **Fax:** _____

Email Address:_____

Title/Position:_____

Date ROCC® Exam was taken:_____

CEUs:

I am submitting documentation of _____ AMAC® CEUS and _____ other CEUS.

By my signature below, I attest that the attached CEU documentation (6 of which must come from ROCC®) is accurate and that I did participate in each event for which I am claiming CEU credit. I have paid the $295 (non refundable) recertification fee on the AMAC® website (or am including a check with this form). I have included the signed Rules and Regulations form with the application.

_____ _____

Signature **Date**

Your recertification may be mailed to: AMAC, P.O. Box 72543, Marietta, GA 30007-2543
faxed to 770-693-6030; or emailed to rocc@amac-usa.com