

# REINSTATEMENT APPLICATION PACKET

This application form is interactive.

Download the form to your computer to fill it out.



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# REINSTATING THE CREDENTIAL

### **GCDF REINSTATEMENT FEE**

To reinstate your inactive or expired GCDF credential, you will need to take the following steps:

- Submit a reinstatement application
- Pay the GCDF reinstatement fee (currently \$50)
- Pay any past-due fees
- Document 75 hours of continuing education (if expired)
- Accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization

## MAINTAINING THE GCDF CREDENTIAL

The GCDF credential is valid for five years as long as you comply with CCE policies and procedures. GCDF credential holders must pay annual maintenance fees and recredential at the end of five years to maintain the credential.

#### **Annual maintenance fee**: Currently \$40

You will receive an annual maintenance fee notice approximately six weeks before the credential anniversary date. If you have any concerns about your invoice, please contact CCE. Payment means you agree to continue to adhere to the GCDF *Code of Ethics*, and report any charge or complaint about a criminal, civil, state board, or other professional disciplinary matter(s) within 60 days of your knowledge of the complaint or charge.

### RECREDENTIALING AND CONTINUING EDUCATION

The GCDF credential is valid for five years as long as you comply with CCE policies and procedures. GCDF credential holders must pay annual maintenance fees and recredential at the end of five years to maintain the credential. The following components must be completed:

- As a GCDF credential holder, you are required to complete 75 hours of continuing education (CE) every five
  years to retain your credential. Verification of continuing education will be performed during the fifth year of
  your credentialing period. CCE performs a random audit sample. Audit selection will be identified on your fifthyear annual maintenance fee notice.
- Recredentialing notices and instructions are mailed in conjunction with the annual maintenance fee. Please see the annual maintenance fee information above for details.
- You must accept and sign the Ethics Attestation and Applicant Agreement & Release Authorization.

#### CCE ETHICS POLICIES AND PROCEDURES

GCDF applicants and credential holders are responsible for ensuring that their behavior adheres to the standards identified in the GCDF *Code of Ethics*.

An applicant must complete all portions of the GCDF reinstatement application, including the Ethics Attestation and the Applicant Agreement & Release Authorization. Application disclosures and other ethics matters are reviewed in accordance with CCE procedures. Disclosures do not automatically render an individual ineligible for credentialing. CCE reserves the right to deny eligibility based on a disclosure. Application fees are nonrefundable.

The Credential Eligibility Policy-Ethics, the CCE Ethics Case Procedures and the GCDF Code of Ethics are available at www.cce-global.org/Prof/Ethics.



# REINSTATEMENT APPLICATION FORM

#### PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

1.	First N	First Name, MI:					
	Last Na						
	Previou						
2.	Street A	Address:					
	City, Sta						
		stal Code, Country:	FOR OFFICE USE ONLY				
3.	Home 7	Felephone:	REF.#1:				
		ss Telephone:					
		1	DATE:				
4.			AMOUNT:				
		ck here if you do NOT want your contact information shared with continuing educati	on providers.				
5.	I am interested in volunteering for $\square$ marketing efforts $\square$ standards development.						
6.		Ethics Attestation: (Please respond to each statement below.)					
	1.	Have you ever been or are you currently charged with a criminal offense?	$\square$ YES $\square$ NO				
	2.	Have you ever been or are you currently a defendant in any type of legal action related to your business or occupational activities?	☐ YES ☐ NO				
	3.	Have you ever been or are you currently the subject of any complaint matter or disciplinary review by any government entity or professional organization?	☐ YES ☐ NO				
	4.	Have you ever been terminated or discharged from employment for conduct reasons?	☐ YES ☐ NO				
	5.	Have you ever been placed on probation or removed from any graduate program in which you were enrolled for reasons unrelated to grades?	☐ YES ☐ NO				
	If you answered "YES" to any of the above questions, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings, and compliance with final orders. Place these materials in a sealed envelope marked "Attention: CCE Ethics Department" and return with your application. Failure to provide required information will delay the processing of your application.						
	All CC	E applicants are required to submit written disclosures of any:					
	<ul> <li>Criminal offense. (Note: You do not need to disclose traffic charges unless they involve drugs, alcohol, or injury to person or property.)</li> <li>Legal action related to business or occupational activities in which he or she is named as a defendant.</li> <li>Complaint matter or disciplinary review by any government entity or professional organization.</li> <li>Employment terminations due to conduct.</li> <li>Probation or removal from any graduate program for reasons unrelated to grades.</li> </ul>						
I h	ave read	the reminder of the required disclosures (above) and have submitted the required v	written disclosures to CCE. $\Box$ YES $\Box$ NO				

#### 7. Applicant Agreement & Release Authorization:

All information I provide in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in the Ethics Attestation, I agree to report this to CCE in writing within 60 days.

I agree that CCE has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by CCE to verify the accuracy. I understand that all application materials become the property of CCE and will not be returned.

I understand that credentialing through CCE depends upon my fulfillment of all required criteria and compliance with CCE policies, which include the GCDF Code of Ethics and the CCE credential mark and trademark use policy. I understand that credentialing does not create membership in CCE. I understand that CCE credentialing is personal to me and may not be transferred to another individual or group.

I understand that professional biographical and credential data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in CCE credentialing may be used for research and statistical purposes.

I recognize that any credential granted by CCE does not represent licensure or other authorization to practice business activities for a fee. I release CCE from all liability and claims arising from any professional activity.

#### 8. Continuing Education Requirement:

By signing this document, I certify that I have completed the 75 continuing education clock hours required for recertification, OR that my status is currently inactive but not expired; therefore, I agree to comply with the continuing education maintenance requirement.

Applicant's Signature	Date (mm/dd/yyyy)



## **PAYMENT VOUCHER**

## **REINSTATEMENT APPLICATION FEE: Currently \$50**

- Please submit payment of past-due balance listed on the GCDF renewal or recredentialing notice in addition to the \$50 Reinstatement Application fee.
- All fees must be paid in U.S. dollars.
- CCE will review your reinstatement packet within six weeks of receipt.
- You will be notified of your status and informed if further information is needed.

### METHOD OF PAYMENT

#### PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

App]	licant's Name:							
[ele	phone: Day:	Evening:						
	Enclosed is a check or money order payable to CCE in the amount of \$ (U.S. dollars).							
☐ Please charge the credit card listed below in the amount of \$ (U.S. dollars).								
	Card Type:	MasterCard	☐ American Express					
Name on Card:								
	Account Number:  Card Security Code (from back of o	Expiration Date:						
	Cardholder Signature:	Date (mm/dd/yyyy):	_					

# Submit your application and payment

• By mail: CCE; P.O. Box 63223, Charlotte, NC 28263-3223

• By fax: +1 336.482.2852

If you are mailing your application, be sure to make copies of all your application materials before submitting the originals. CCE cannot return any forms or documents to you or to a third party.