

## Form 8B

Request for Extension			
Check which certification needs an extension/inactive status?		CDVP	
Name:			
Address:			
Telephone:	Email:		
Certification #:	Date of Request:		
Checklist of items to include with request form			
	1. Application form completely filled out and signed		
	2. \$25.00 to receive an extension		
	3. \$75.00 regular renewal fee		
	4. Make check(s) payable to ICDVP, Inc.		
Mail signed request form and payment(s) to: ICDVP, P.O. Box 429, LaGrange, IL 60525			
Check below if requesting another extension			
	Requesting a second 6 month extension. (Individual will not be able to get another extension if ceu training material cannot be submitted at the end of 2 <sup>nd</sup> extension.)		

My signature below signifies that I understand requesting an extension puts my certification on hold temporarily. I also understand that it is my responsibility to provide the required documentation to change my certification status back to being active. (See section IV of manual for full policy for criteria on requesting an extension.)

SIGNATURE

CDVP/CPAIP#

DATE EXPIRES