

CREDENTIAL EXTENSION REQUEST

Applicants currently certified by the WOCNCB® may request an extension of their credentials. The following rules apply:

* Must request the extension prior to expiration of current certification
* Must be seriously ill (or member of immediate family seriously ill), suffer from personal illness or injury, experience unavoidable natural disaster, or be in active military duty outside the United States. Documentation may be requested.
* Must request the extension in writing to the WOCNCB® office by emailing [info@WOCNCB.org](mailto:info@WOCNCB.org)
* It is recommended you submit requests at least 2 weeks prior to credentials expiration to allow time for an approval.

Once the extension request is received, it will be reviewed by the WOCNCB Credentialing and Review Committee, whereby a vote will determine if the candidate’s credentials will be approved for extension. If the extension is granted, it is for a maximum of six months only. No more than one extension request will be granted per candidate per five years.

Name

Address

City, State, Zip

Phone

Email

Credentials held ❒CWOCN ❒CWON ❒CWCN ❒COCN ❒CCCN ❒CFCN

❒CWOCN-AP ❒CWON-AP ❒CWCN-AP ❒COCN-AP ❒CCCN-AP

Extension time requested ❒3 months ❒6 months

Reason for request

**WOCNCB • 555 East Wells Street Suite 1100 • Milwaukee WI 53202 • Fax: (414) 276-2146 • Email:** [**info@wocncb.org**](mailto:info@wocncb.org)