



OFFICE OF CONTINUING EDUCATION AND CONFERENCES

CONTINUING EDUCATION PROGRAMS
CERTIFICATE REPLACEMENT REQUEST
FORM

THIS FORM TO BE USED FOR NONCREDIT (CEU & NCCP) AND
PROFESSIONAL DEVELOPMENT CERTIFICATE REPLACEMENT REQUESTS ONLY.

Please Type or Print in Black or Blue Ink Only • Hand written forms that are illegible will not be processed.

REPLACEMENT FEE: \$5.00 (NON-REFUNDABLE) • Please allow 3-5 business days for processing.

SSN Last 4:*

*Please do not submit your entire Social Security Number.

Dates of
Program
Participation:
(Month/Year)

Course 1

Professional
License #: _____

Course 2

Name:

Last First MI

Address:

Street or P.O. Box

City State Zip

() () Telephone Fax I wish to receive a copy of my certificate by fax

I certify that I am the above named individual requesting my replacement certificate.

Participant Signature: _____ Date: _____

INTERNAL USE ONLY

DATE _____ MTH _____ \$ _____ APPVL _____ A _____ CC4 _____ Exp _____

RETURN COMPLETED FORM AND FEE PAYMENT TO:

Continuing Education & Conferences
University of South Carolina
1705 College St. Suite 591
Columbia, SC 29208
Credit Card payments only can be faxed to: (803) 777-2663

REPLACEMENT FEE: \$5.00 (NON-REFUNDABLE)

Payment Enclosed: [] Check/Money Order (Made Payable to USC) [] Visa [] Mastercard [] Discover [] American Express

Name on Card: _____

Cardholder's Signature: _____ Date: _____

CVV Number: _____ Card Number: _____ Expiration: _____

Do not scan and email this form with credit card information. It is not secure and will not be accepted.