



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 per certificate (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:
Course 1
Course 2

Professional License #: \_\_\_\_\_

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 per certificate (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: \_\_\_\_\_