

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. Current certification credential expiration date must be no more than three months from date of request.
* Must be seriously ill (or member of immediate family seriously ill), suffer from personal illness or injury, experience unavoidable natural disaster, relate to COVID-19 issues, or be in active military duty outside the United States. Documentation may be requested.
* Must request the extension in writing via fax, email or mail to the WOCNCB (see below).
* 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 ❒WTA-C

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

Expiration date of current credentials

Extension time requested ❒3 months ❒6 months

Reason for request

*(Provide details of circumstances causing your request for extension. WOCNCB may request documentation to substantiate information provided.)*

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