



Certification Reinstatement Application

Directions: To apply for reinstatement of your FCB credential(s), please complete the following:

1. Contact a certification specialist PRIOR to completing this application to determine exact requirements, including applicable fees.
2. Complete this application in full. Applications must be legible.
3. Attach applicable fees, CEU documentation, and other requirements identified by the FCB.

Section 1: Demographic Data ~ Please provide us with your most current information.

Last Name

First Name

Mailing Address

City

State

Zip Code

Home Phone Number

E-mail Address

Work Phone Number

Section 2: Reinstatement Information ~ Please indicate each credential you are reinstating.

Credential Name

Your Certification Number

Section 3: Payment Information ~ Please provide your payment information.

Total Payment Enclosed: _____

Method of
Payment:

- Check (make payable to FCB)
- Money Order (make payable to FCB)

- American Express
- Master Card
- VISA

Credit Card Number

CCV Code

Expiration Date

Signature (only if paying with a credit card)

Section 4: Background Information

Have you ever been convicted of a felony or first degree misdemeanor? Yes* No

If the answer is "yes", what were the charges? _____

Date of conviction: _____

Where did the conviction occur? _____

State County City

Have you ever pled nolo contendere or guilty to a crime which is a felony or first degree misdemeanor? Yes* No

If the answer is "yes", what were the charges? _____

Date of conviction: _____

Where did the conviction occur? _____

State County City

Have you ever had adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor? Yes* No

If the answer is "yes", what were the charges? _____

Date of conviction: _____

Where did the conviction occur? _____

State County City

*If you have answered "yes", you must provide the FCB with a copy of any and all information concerning any arrest(s), convictions, indictments, suspensions, or revocations. We will not be able to process your application without documentation that indicates that you are no longer under the jurisdiction of the county, state, or federal criminal justice system, including but not limited to supervised or unsupervised probation.

Section 5: Assurance, Release and Applicant's Signature

~ By my signature, I acknowledge that all provided information is accurate. I give my permission for the FCB to investigate my background as it relates to statements contained in this reinstatement application. I understand that intentionally false or misleading statements or omissions may be grounds for denial or revocation of my certification. I consent to the release of information contained in my reinstatement application, certification file, or other pertinent data submitted to or collected by the FCB to its officers and staff.

Signature

Date

FCB Use Only

Charges Verified? Yes No

Contact: _____

Comments _____
