



CRCC CE Provider Change Request Form

Use this form to request a change to an already submitted or approved continuing education program. Email the completed form to contactus@crccertification.com.

A CRCC staff member will review your request and follow up within 1–2 business days with an invoice and next steps, if applicable.

Change Fees

Change requests are subject to the following fees:

- **\$25 change fee** — Changes requested *prior* to the program start date
- **\$50 rush change fee** — Changes requested *after* the program start date, provided no participants have claimed credit for the program

No changes can be made once participants claimed credit for the program.

Provider & Program Information

Your Name: _____

Organization Name: _____

Program Name: _____

Application Name: _____

Program Start Date: _____

Program Pre-Approval Number (if already approved): _____

Requested Changes

Please select the item(s) you would like to change and provide both the **current information** and the **requested update**.

Number of Hours

Current information: _____

Requested update: _____

Credit Type (e.g., General, Ethics, Credential Type)

Current information: _____

Requested update: _____

Approval Dates

Current information: _____

Requested update: _____

Learning Objectives

Current information:

Requested update:

Conference Agenda

Current information:

Requested update: **Please attach updated conference agenda to the email with this form.**

Signature

I confirm that the information provided above is accurate and reflects the requested updates to the continuing education program.

Signature: _____

Date: _____