CERTIFICATION RESTORATION APPLICATION



The Loss Prevention Foundation

LPC Recertification

700 Matthews Mint Hill Road, Suite C

Matthews, NC 28105 Fax: (704) 365-1026

Form Directions:

- 1. Fill form below (EXCEPT Signature)
- 3. Sign

Information: The LPF publishes all recertification information on our website: www.losspreventionfoundation.org

Email: support@losspreventionroundation.org 4. Scan and/or Send Questions? Contact us at: (365) 924-3247			
FORMER CREDENTIAL HOLDER INFORMATION			
*Name:	Original Exam Dat	Original Exam Date:	
*Primary Email:		Phone:	
SUBMITTAL CHECKLIST TO RE-ESTABLISH YOUR LPC CREDENTIAL			
Please check all that apply:			
[] I am 12 months or under late to recertify.			
[] The LPF has [] CEUs already on file towards my recertification. *If your exam was passed prior to 2013, you will have CEUs credited to your account due to transition to the new recertification program. This amount varies from 5 CEUs to 55 CEUs.			
[] I have sent in CEU Accomplishment Submittal form(s). This CEU amount plus the amount LPF already has on file equals 60.			
[] I understand I do not pay any prior late CEU submittal fees as they are included in the credential restoration fee.			
[] I have filled out the CEU Recertification Application form and have agreed to pay, if applicable, the processing fee.			
[] I agree to pay the LPC certification restoration fee.			
[] I am under 6 months late and am including the CEU Accomplishment Submittal Form with 4 additional CEUs.			
[] I am between 6 and 12 months late and am including the CEU Accomplishment Submittal Form with 8 additional CEUs.			
CREDENTIAL RESTORATION - \$90			
[] Email me an invoice with a web link that I can use to pay my certification lapse fee using my Visa, Master Card, or AMEX. I understand a PayPal account is NOT needed to pay this invoice and I can call the LPF for guidance.			
[] Enclosed is a signed, personal check made out to The Loss P	revention Foundation	n. (Returned Checks -\$25 fee)	
INSTRUCTIONS			
In order to process your submission correctly, please follow the below instructions carefully. Fill out this form as completely as possible. Make sure to keep a copy of this submission and all the accompanying submissions for your records. When finished, please mail, fax or email this form to the Loss Prevention Foundation. *Please verify that all mandatory information is complete.			
AUTHENTICATION			
I am aware that until the LPF reviews all submitted material and gives me a re-established certification date , I cannot use the LPC credential. I certify that I have not and will not use my credential while my certification is lapsed.			
I certify that the information submitted herein is true and accurate provided information if necessary.	e, to the best of my k	knowledge. I authorize the LPF to verify the	
Printed Name of Applicant:			
Signature of Applicant:		Date:	