

Voluntary Relinquishment of RID Certification(s)

For Certified members who wish to voluntarily relinquish the RID certification(s) they currently hold. <u>Please note that RID will not review nor process requests submitted after June 30th if the member has not renewed their membership, or after December 31st if the member has not met the CEU requirement by the end of their CMP cycle, whichever date comes first.</u>

Voluntary Relinquishment of RID Certification Eligibility Requirements:

- 1) A member must be a current RID Certified Member as defined by RID at the time they make the request to voluntarily relinquish the RID certification(s) they currently hold:
 - a) Maintain current RID membership by paying annual RID Certified Member dues,
 - b) Meet the CEU requirements of the RID Certification Maintenance Program (CMP)
- 2) A member must have no active EPS case/complaint against them.

Please fill out the form below, allow 7 to 10 business days for processing.

(Print Name)

(FIRST NAME) (EMAIL ADDRESS)			(MIDDLE NAME)	(LAST NAME) (RID MEMBER ID)		
CERTIFICATION	N(S) YOU W	ISH TO RELINQ	UISH			
CDI	CT	IC	NAD IV	NIC Master	OTC	SC:L
CI	Ed:K-12	TC	NAD V	OIC:C	PDIC	SC:PA
CLIP-R	EIC	MCSC	NIC	OIC:S/V	Prov SC:L	
CSC	ETC	NAD III	NIC Advanced	OIC:V/S	RSC	
AGREE AND S	SIGN					
By signing I,	ification(s) statu	, affirm that t	he information I am provi nd agree to abide by all of	ding is true and accurate	e; and that I understan	d I am
	• •					
to go t		re certification/testi	on back. If I decide in the ng process and will be su			
revoke	d. However, my	name will not app	I currently hold, my name ear on the registry as a c it has been revoked.)			
	nquish the genently hold.	eralist certification I	currently hold, then I am	n also required to relinqu	uish any specialist ce	rtification(s
	ease representi d status.	ng myself as a RID	Certified Member upon	confirmation of my certi	ification status change	e to not
E. I will no	ot practice as a	n interpreter where	an active RID certification	on is required.		
			on(s), I will be allowed to and will not be required to			
RID MEMBER	SIGNATURE_		D.	ATE		
ACKNOWLED	GEMENT		(SEAL)			
State of						
County of						
This instrument	was acknowled	lged before me on	(Date)	_ by	O Member)	·
			,			
Notary Public			My commis	sion expires:		
			Notary Reg	istration Number:		