

## Voluntary Relinquishment of RID Certification(s)

For Certified members who wish to voluntarily relinquish the RID certification(s) they currently hold.

Please note that RID will not accept requests submitted after July 31st if the member is not a current Certified member or December 31 if the member has not met the CEU requirement by the end of their certification cycle, whichever date comes first.

## Voluntary Relinquishment of RID Certification Eligibility Requirements:

(Print Name)

- 1) A member must be a current RID Certified Member, as defined by RID, at the time of their request. This requires:
  - a) Maintaining current RID Certified membership by paying annual Certified Member dues.
  - b) Meet the CEU requirements of the RID Certification Maintenance Program (CMP).
- 2) A member must not have any active EPS cases or complaints against them.

(FIRST NAME)  (EMAIL ADDRESS)			(MIDDLE NAME)		(LAST NAME)		
				(RID MEMBER ID)			
CERTIFICAT	ION(S) YOU W	ISH TO RELIN	QUISH				
CDI	CT	IC	NAD IV	NIC Master	OTC	SC: PA	
CI	Ed:K-12	TC	NAD V	OIC:C	PDIC		
CLIP-R	EIC	MCSC	NIC	OIC:S/V	SC:L		
CSC	ETC	NAD III	NIC Advanced	OIC:V/S	RSC		
AGREE AND	SIGN						
By signing I,	s and have read an	, affirm that the	information I am providing is tru au all of the following terms and $ au$	ue and accurate. I understa	and I am changing my		
A. If I voluntari	ly relinquish the RI	ID certification(s), I	will not be able to get it back. on and testing process and wi	Should I choose to pursue			
	certification.	uie entile certilicat	on and testing process and wi	ii be subject to the eligibili	ity requirements in ene	ct at the time o	
			ame will not be published as h lote: A member cannot volunta				
C. If I relinquis	h a generalist certi	fication I currently	hold, then I am also required to	o relinquish any specialist	certification(s) I currer	ntly hold.	
			ertified," I will cease to represe ertification is required.	nt myself as a RID Certifie	ed member. I will not p	ractice as an	
			cations, I may remain affiliated on maintenance requirements.		membership in a non-c	ertified categor	
			form to certification@rid.org. I ny request within 7-10 busines				
G. I understand	d that after the cert	tification has been	relinquished, it cannot be reve	ersed.			
RID MEMBER	R SIGNATURE		D	ATE			
ACKNOWLE	DGEMENT		(SEAL)				
State of			_				
County of			_				
This instrumer	nt was acknowled	dged before me	on	by	ID Member)		
			(Date)				
Notary Public		· · · · · · · · · · · · · · · · · · ·	My commis	ssion expires:			
			Notary Red	istration Number:			