



INACTIVE STATUS APPLICATION FORM

Please print or type all information.

Applicant's Name _____

Address _____

City/State/ZIP _____

Daytime Phone _____

Evening Phone _____

E-Mail _____ CHT ID# _____

Effective Date of Status Change: January 1, _____

This form must be signed before your application can be processed.

I understand that during the time of Inactive Status I am not allowed to use the CHT credential. Should I use the CHT credential during an inactive period, I will lose the right to reactivate my credential by any means (work experience/CE or examination) for a period of 10 years. By signing below, I agree to the conditions for Inactive Status.

Signature _____ Date _____

Payment Information

For Inactive Status, there is an annual fee of \$100, due by December 31st of each year while Inactive. No other forms are necessary to complete application for Inactive Status.

Check enclosed (payable to "HTCC")

Please charge to my: MasterCard Visa Discover American Express

Card No. _____ Exp. Date _____

Name on Credit Card _____

Signature of cardholder: _____ Date Signed: _____

Hand Therapy Certification Commission, Inc.

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