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Certificant Retirement Form

If you have decided to retire from professional practice, please use this form to notify BOC of your decision. Note that to be eligible for changing your certification status from "active" to "retired," you must currently be certified in good standing. *Suspended or revoked certificants are not in good standing and therefore may not change their status.* Print, complete and sign this form and return to BOC to the attention of Certification Director, Jan Paul Miller. Please mail your certificate to the address above or fax the form directly to Mr. Miller at (410) 753-8805.

In accordance with Section I.2 of the BOC Recertification Policy, I am hereby requesting that my BOC certification status be changed from Active to Retired Status. By signing this request below, I attest that I am retired from professional practice and am eligible for Retired Status under the applicable terms of the Recertification Policy. I understand and agree that, upon receipt of Retired Status and until such time as I obtain reinstatement of my BOC certification to active status, I am required to abide by all applicable BOC policy terms and requirements, including those pertaining to Retired Status as stated in Section I.2 of the Recertification Policy. Accordingly, in the event that my request for Retirement Status is granted, I understand and agree that (1) I may not make any representations or statements that I am an active BOC certificant, certified by, or affiliated with, BOC; (2) I may not engage in any use of the BOC credential or certification mark, until such time as I obtain reinstatement to active certification status; and, (3) return all original and copied BOC credential materials to the BOC National Office upon receipt of notification from BOC that my request for Retirement Status has been approved. I further understand that this request for Retired Status is subject to the approval of BOC, based on its determination of my eligibility for such status under the applicable terms of the Recertification Policy.

Name _____ Certification Number _____

Signature _____ Date: _____