

# CSP Certificate Change/Duplicate Request Form



## BOARD OF CERTIFIED PSYCHOMETRISTS

Please use this form to make changes to your CSP Certificate – such as name changes and to request a duplicate CSP Certificate.

I am requesting:  Updated Certificate – please complete all sections below;  
 Duplicate Certificate – please only complete the *Original Information* section

**CSP Information (please print or type)** Please complete and include \$10.00 USD Certificate Change fee – made out to “**Board of Certified Psychometrists – BCP.**”

### Original Information:

Name	Last	First	Middle Initial	Telephone <i>(Please circle preferred number)</i>	
Address				Home	
				Work	
City				Mobile	
State				FAX	
ZIP/Code				E-Mail	
CSP ID# (year conferred – last 4 digits of SSN) [e.g., 2005-1234]					

Please state the reason for the change: \_\_\_\_\_

### New/Updated Information:

Please check the boxes to indicate these are changes from the original information.

<input type="checkbox"/>	Name	Last	First	Middle Initial	Telephone <i>(Please circle preferred number)</i>		
<input type="checkbox"/>	Address				<input type="checkbox"/>	Home	
<input type="checkbox"/>					<input type="checkbox"/>	Work	
<input type="checkbox"/>	City				<input type="checkbox"/>	Mobile	
<input type="checkbox"/>	State				<input type="checkbox"/>	FAX	
<input type="checkbox"/>	ZIP/Code				<input type="checkbox"/>	E-Mail	

**For updated certificates (e.g., name changes) the CSP is required to return the original certificate with this application.**

I attest the information contained herein is a true and accurate statement. I understand inaccurate reporting of my CSP certification information may result in the suspension &/or revocation of my CSP designation.

\_\_\_\_\_  
 Your Signature / Date

**Please mail to:** Annette Hansen, BA, CSP, 64 Richards Road, Fairfax, VT 05454, USA

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