

Certified in Public Health (CPH) Retired Status Request Form



NBPHE developed the CPH-Retired category to recognize CPHs who have retired from their professional career and will be ineligible to recertify. To be eligible for the CPH-Retired status, candidates must:

- Retire from a public health role with the designation of active CPH
- Be certified as a CPH at the time of retirement
- Apply for CPH retired status at the time of first recertification after retirement.

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Date of Retirement: _____ ☐ Check if this is a new mail/email address. ☐ Check if your name has changed.

Previous name: _____

Release of Contact Information

NBPHE may release mailing lists of CPH certificants to organizations or individuals for research, evaluation, or other purposes beneficial to the profession. If you do not want your contact information released, please check the box below. ☐ Do not release my contact information to entities beyond the NBPHE.

Statement of Understanding

I understand that by applying for CPH-Retired status I am no longer registered with the NBPHE as an active CPH. I am to use the CPH-Retired identification for all professional identification. Information used by the NBPHE may be released in aggregate data to external researchers and will identify me as CPH-Retired. If I return to an employment situation that requires the active CPH title I will meet the current recertification criteria for active status.

Fee and Invoicing to Submit Payment

☐ **Application Fee: \$95.** Submit this form to info@nbphe.org and we will email you an invoice. You will then be able to log into CPH Central to submit your payment online.

☐ **I Accept** (By selecting the "I Accept" button, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Application.)

Return this completed form to: info@nbphe.org