

Emeritus Status Application

Submitter – GENERAL INFORMATION	
PECB ID	
First name	
Last name	
Email address	

Applicable certification(s)*	
Credential: <i>(e.g., ISO 9001 Lead Auditor)</i>	

**Please list all certifications you are requesting emeritus status for.*

I am applying for the emeritus status based on the following criteria:

I am over 60 years old, I have held a PECB Certification for at least 5 years, and I do not longer practice job functions that are specific to the certification.

By submitting this application for emeritus status, I understand that if such status is granted, my certification(s) will remain permanently in this status without having to fulfill CPD nor AMF requirements.

If my intention is to continue practicing job functions, under the Emeritus status, I understand that I need to report CPDs on an annual basis, and fulfill a minimum annual requirement of 20 hours of work experience, implementation/auditing or consulting-related experience, training, private study, coaching, attendance at seminars and conferences, or other relevant activities. No AMF is required.

If I wish to return to active status, I understand that I have to retake the respective exam(s) of the certification(s) I wish to regain active status for, and apply for certification.

Signature: _____

Date: _____