

 	<p style="text-align: center;">CHEST 208 Burwash Avenue Savoy, IL 61874 Phone: 217-359-2686 • Fax: 217-359-0055 Email: cchest@cchest.org Web: www.cchest.org</p>	<h2 style="text-align: center;">OHST/CLCS TITLE CHANGE REQUEST</h2>
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Since the qualifications, process and knowledge for both the OHST and CLCS certifications are the same, CCHEST will allow those holding either certification title to change to the other title on a limited basis.

Rules

1. A title change can only be made after one has achieved certification as an OHST or CLCS. One cannot make a change in the path selected upon application or while holding an interim designation as an Associate OHST or Associate CLCS.
2. Someone holding either the OHST or CLCS can change titles no more than twice.
3. There is a fee for each change:
First change: \$100 Second change: \$200
4. The certification number does not change with a title change.

5. The individual seeking a title change must hold the OHST or CLCS and be in good standing at the time the title change is requested. If someone is not in good standing, all reinstatement requirements must be met to return to good standing before a request for title change will be considered.
6. A change in title does not change the Certification Maintenance cycle or requirements.

Procedures

7. All requests for title change must be made using the OHST/CLCS Title Change Request Form.
8. If the title change request is approved, CCHEST will issue a new certificate to indicate the new title. The certificate will be marked to show that there was a change in title and indicate whether it was the first or second title change.

Title Change Requested

Date of Request:	Current Title: <input type="checkbox"/> OHST <input type="checkbox"/> CLCS	Certification Number:
Title Sought: <input type="checkbox"/> OHST <input type="checkbox"/> CLCS		Indicate Change: <input type="checkbox"/> First Change <input type="checkbox"/> Second Change

Person and Contact Data

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. _____ <i>First MI Last/Family</i>			Social Security Number
Phone Numbers & Email Address	Home Phone (area code & number)	Work Phone (area code & number)	Fax (area code & number)
	Mobile Phone (area code & number)	Email Address	
Home Address _____ <i>Street Address Apartment Box Number</i> _____ <i>City State/Province</i> _____ <i>Zip/Postal Code Country</i>			

Payment

(The OHST/CLCS title change fee is nonrefundable and nontransferable. Payment is in U.S. Dollars.)

FEE: <input type="checkbox"/> \$100 (First Change) <input type="checkbox"/> \$200 (Second Change)		CREDIT/DEBIT CARD AUTHORIZATION	
<input type="checkbox"/> Payment by Check Make payable to: CHEST	Payment by Credit Card: <input type="checkbox"/> American Express <input type="checkbox"/> Discover/Novus <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
		Signature	