**Compliance Officer-Qualified (CO-Q)**

**Renewal Application**

Please complete the renewal application and submit it to: [complianceeducation@mednetconcepts.com](mailto:complianceeducation@mednetconcepts.com).

For non-clients, the payment page for the $25 non-refundable Certificate Program application fee can be accessed by [clicking here](https://mednetcompliance.com/store/product/compliance-officer-qualified-co-q-renewal-application/).

Date Submitted:

Name:

Home Address:

Street:

City & State:

Zip Code:

Current Place of Employment:

Email Address (personal):

Is your current employer a Med-Net client? (This information will be verified through Med-Net client records.) Yes No

**Attestation**

By checking the boxes below, I attest that:

The information provided on this application and any supplemental documentation is correct and true to the best of my knowledge.

I will uphold the integrity of all program materials, required renewal education, and passwords to the best of my ability.

I have not been convicted of or plead guilty to a felony or misdemeanor.

I have not been excluded from participation in Medicare or Medicaid programs.

Applicant’s Full Name

**Office Use**

Date Received:

Date Reviewed for Eligibility:

Reviewer Name:

Credentialing Committee Review and Designation: