



**Acknowledgement of
Required Professional Credential**

I acknowledge that I am required as part of my job duties to maintain a professional credential.

I understand that:

- Any costs associated with the maintenance of a professional credential will be my responsibility.
- I am responsible for maintaining my professional credential in good standing.
- I must provide a copy of the credential and all renewals to my supervisor.
- I must immediately notify my supervisor of any notice from any licensing/certifying agency that may affect my professional credential, and provide a copy of the action.
- I must immediately notify my supervisor of any revocation, suspension, sanction, or any other action affecting my professional credential.
- Employees with a professional credential not in good standing (e.g., suspension, sanctions, restrictions, expiration) which limits their ability to perform assigned duties will be subject to forfeiture of position.
- Employees whose professional credentials have been revoked shall be deemed to have forfeited the position.

Employee (Print Name)

Witness (Print Name)

Employee's Signature

Witness's Signature

Date

Date