

NCAFPM CERTIFICATION PROGRAM
Continuing Education Credit Submittal Form

Check one of the boxes below:

- Pre-Approved***
 Submitted for Pre-Approval **Submitted for Approval**

Formal Name of

Course/Workshop: _____

Offered By: _____

Date(s) of Training/
Education/Workshop: _____

Location of Training/
Education/Workshop: _____

Length of class in days. If less than one day, list the
actual class hours (do not count breaks, lunch, etc.) _____

CEUs, Credits or Clock Hours Issued by Offering Entity: _____ or * Pre-Approved CECs: _____

Instructors Signature: _____
(only required when no certificate or attendance document is available)

☞ To assist other CFM's, please indicate your overall level of satisfaction with this course 1 2 3 4 5
If you have any comments you would like to add please write them on a separate sheet of paper. 1 is low, 5 is high

It is mandatory to attach certificate or attendance document with this form. If the training is not a pre-approved course, also attach the Course/Workshop Agenda, instructor name and, if available CEC documentation issued by offering entity (university, association, agency, etc.). If there are concurrent sessions on different subjects, circle the sessions that you attended. If no certificate or attendance document is available, you must get this form signed by the instructor.

CFM Applicant Certification: I am certifying that the information listed above, referencing my Continuing Education Credit (CEC), is correct.

Name: _____ Signature: _____

Email: _____

Certification Number: _____

Instructor **Participant** Submittal Date: _____

Mail to: ASFPM NC Certification Program, 2809 Fish Hatchery Road, Suite 204, Madison, WI 53713

DO NOT WRITE BELOW THIS LINE

Level: **C P I** **Number of creditable hours:** _____

CECs Awarded: _____

Determined by: _____ **Date:** _____

Add Course to Website? **Yes** **No**