Continuing Education Credit (CEC) Policy
Certified Floodplain Manager Program (CFM® Program)

Select one:

- □ *Pre-Approved CEC(s) (see list to verify pre-approved courses prior to submitting this form.)
- □ Submit for Pre-Approval of CECs (prior to attending/hosting an event)
- □ Submit for Approval of CECs (after having attended)

Additional Documentation Required to Submit this Form
This form must include the required documentation according to the Schedule of CEC-Eligible Activities when submitted. If the activity is not pre-approved, this form must also include: activity agenda with duration and provider/instructor name. For activities with sessions held concurrently, circle the sessions you attended. If no completion certificate/proof of attendance was provided, the provider/instructor must sign this form.

Name: _______________________________
Email: _____________________________  Certification Number: ___________________________
Submittal Date: _______________________
Formal Name of Activity: ___________________________
Provider/Host: ___________________________
Date(s) of Activity: _______________________
Location of Activity: _______________________
Duration: _____________________________  □ days or □ hours (select one)
*ASFPM Pre-Approved CECs: ________________

Provider/Instructors Signature: _____________________________________________________ (if no proof of attendance available)
Provider Name & Organization: _______________________________________________________

CFM Applicant Certification: I hereby swear or affirm the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part of the information herein provided by me be false, I recognize that it may be a violation of the Code of Ethics, which may be just cause for revocation, suspension or other disciplinary action against any certification issued to me by NCAFPM, ASFPM or its Accredited Chapters.

CFM’s Signature: _________________________________

Mail to: ASFPM, 8301 Excelsior Drive, Madison, WI  53717
OR, scan and email to: cfm@floods.org

DO NOT WRITE BELOW THIS LINE

Number of creditable hours: _______________________
CECs Awarded: _____________________________
Determined by: _____________________________

Version: October 1, 2016