

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



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	·
Submit for Approval of CECs (after having attended)	
	,
This form must include the required documentation a the activity is not pre-approved, this form must also ir activities with sessions held concurrently, circle the s	ntation Required to Submit this Form according to the <i>Schedule of CEC-Eligible Activities</i> when submitted. If include: activity agenda with duration and provider/instructor name. For sessions you attended. If no completion certificate/proof of attendance rovider/instructor must sign this form.
Name:	
Email:	Certification Number:
Submittal Date:	
Formal Name of Activity:	
Provider/Host:	
Date(s) of Activity:	
Duration : days or h	nours (select one)
*ASFPM Pre-Approved CECs:	
Due, ii de alle este a cleare Clearestane	
	(if no proof of attendance available)
Provider Name & Organization:	
certification purposes is, to the best of my knowledge, provided by me be false, I recognize that it may be a v	m the foregoing information completed by me, or submitted by me for true and correct. Furthermore, should any part of the information herein violation of the Code of Ethics, which may be just cause for revocation, rtification issued to me by NCAFPM, ASFPM or its Accredited Chapters.
CFM's Signature:	
OR, scan and e	301 Excelsior Drive, Madison, WI 53717 email to: cfmhelp@floods.org
OR upload to , your CFM p	portal: https://asfpm.users.membersuite.com/auth/portal-login
DO NOT WRITE BELOW THIS LINE	
Number of creditable hours:	_
CECs Awarded:	
Determined by:	