

IAFSM CERTIFICATION PROGRAM

Continuing Education Credit Submittal Form

Check one of the boxes below:

Pre-Approved* *Please see this website to verify pre-approved courses prior to submitting this form*
www.floods.org

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 *ASFPM Pre-Approved CECs: _____

☞ **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

If the training is not a pre-approved course, 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.

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 Certification Program, 575 D'Onofrio Dr., Ste. 200, Madison, WI 53719

DO NOT WRITE BELOW THIS LINE

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

CECs Awarded: _____

Determined by: _____ **Date:** _____