



CFM Continuing Education Credit (CEC) Verification Form

A Program Administered by the Arkansas Floodplain Management Association (AFMA)

CFM® is a Registered Trademark of the Association of State Floodplain Managers (ASFPM)

Last Name _____ **First Name** _____ **Middle Initial or Name** _____

Certification Number: _____

Formal Name of Course / Workshop: _____

Offered by: _____

Date of Training / Education / Workshop: _____

Location of Training / Education / Workshop: _____

Length of class (in days): If less than one day, list the actual number of class hours (do not count breaks and other meals): _____

CECs, CEUs, Credits or Clock Hours Issued by Offering Entity: _____

Attach certificate or attendance document. If the event is not a pre-approved course, you must also attach an agenda, the instructor(s) name and phone number and, if available, CEC documentation issued by the offering entity. If there are concurrent sessions on multiple subjects, please circle the sessions that you attended. If no certificate or attendance document is available, you must get this form signed by the instructor(s).

CFM Applicant Certification: I hereby certify that CEC information listed above is correct.

Date

Name of CFM (signature)

Name of Instructor (signature)

Only required when no certificate or attendance document is available.

Office Use Only Below This Line

Level: C P I **Number of Creditable Hours:** _____ **CECs Awarded:** _____

Determined by: _____ **Date:** _____

Add Course to Pre-Approved List? Yes No