

# 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, 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: \_\_\_\_\_