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

Pre-Approved
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: 

*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, 8301 Excelsior Dr., Madison, WI  53717

DO NOT WRITE BELOW THIS LINE

Level:  C  P  I  Number of creditable hours: ________________________________

CECs Awarded: ________________________________

Determined by: ________________________________ Date: ________________________________

IAFSM CFM® CEC Policy  11.1.2012