



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



Select one:

- \*Pre-Approved CEC(s) (see www.floods.org to verify pre-approved courses prior to submitting this form.)
Submit for Pre-Approval of CECs (prior to attending/hosting an event)
Submit for Approval of CECs (after having attended)

Additional Documentation Required to Submit this Form

This form must include the required documentation according to the Schedule of CEC-Eligible Activities when submitted. If the activity is not pre-approved, this form must also include: activity agenda with duration and provider/instructor name. For activities with sessions held concurrently, circle the sessions you attended. If no completion certificate/proof of attendance was provided, the provider/instructor must sign this form.

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Formal Name of Activity: \_\_\_\_\_

Provider/Host: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Duration: \_\_\_\_\_ days or hours (select one)

\*ASFPM Pre-Approved CECs: \_\_\_\_\_

Provider/Instructors Signature: \_\_\_\_\_ (if no proof of attendance available)

Provider Name & Organization: \_\_\_\_\_

CFM® Applicant Certification: I hereby swear or affirm the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part of the information herein provided by me be false, I recognize that it may be a violation of the ASFPM Code of Ethics, which may be just cause for revocation, suspension or other disciplinary action against any certification issued to me by ASFPM or its Accredited Chapters.

CFM's Signature: \_\_\_\_\_

- How to submit: 1) Upload this document and proof of attendance into the online CFM portal; or
2) Email completed form to cfmhhelp@floods.org; or
3) Mail to: ASFPM Certification Program, 8301 Excelsior Dr., Madison, WI 53717

DO NOT WRITE BELOW THIS LINE

Number of creditable hours: \_\_\_\_\_

CECs Awarded: \_\_\_\_\_

Determined by: \_\_\_\_\_