



Continuing Education Credit (CEC) Policy
Certified Floodplain Manager Program (CFM® Program)



Select one:

- *Pre-Approved CEC(s) ([see list 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 Code of Ethics, which may be just cause for revocation, suspension or other disciplinary action against any certification issued to me by NCAFFPM, ASFPM or its Accredited Chapters.

CFM's Signature: _____

Mail to: ASFPM, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719
OR, scan and email to: cfm@floods.org

DO NOT WRITE BELOW THIS LINE

Number of creditable hours: _____

CECs Awarded: _____

Determined by: _____