

**ASFPM CERTIFICATION PROGRAM**  
**Continuing Education Credit Submittal Form**

Check one of the boxes below:

**Pre-Approved\***  *Please see our website to verify pre-approved courses prior to submitting this form [www.floods.org](http://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: \_\_\_\_\_

Instructors Signature: \_\_\_\_\_  
(only required when no certificate or attendance document is available)

 **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*

**It is mandatory** to attach certificate or attendance document with this form. If the training is not a pre-approved course, also 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. If no certificate or attendance document is available, you must get this form signed by the instructor.

**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:** \_\_\_\_\_

**Add Course to Website?**    **Yes**            **No**