



## CFM Continuing Education Credit (CEC) Verification Form

A Program Administered by the Arkansas Floodplain Management Association (AFMA)

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial or Name** \_\_\_\_\_

**Certification Number:** \_\_\_\_\_

**Formal Name of Course / Workshop:** \_\_\_\_\_

\_\_\_\_\_

**Offered by:** \_\_\_\_\_

\_\_\_\_\_

**Date of Training / Education / Workshop:** \_\_\_\_\_

**Location of Training / Education / Workshop:** \_\_\_\_\_

**Length of class (in days):** If less than one day, list the actual number of class hours (do not count breaks and other meals): \_\_\_\_\_

**CECs, CEUs, Credits or Clock Hours Issued by Offering Entity:** \_\_\_\_\_

Attach certificate or attendance document. If the event is not a pre-approved course, you must also attach an agenda, the instructor(s) name and phone number and, if available, CEC documentation issued by the offering entity. If there are concurrent sessions on multiple subjects, please circle the sessions that you attended. If no certificate or attendance document is available, you must get this form signed by the instructor(s).

**CFM Applicant Certification: I hereby certify that CEC information listed above is correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of CFM (signature)

\_\_\_\_\_  
Name of Instructor (signature)

Only required when no certificate or attendance document is available.

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Office Use Only Below This Line

**Level:** C    P    I    **Number of Creditable Hours:** \_\_\_\_\_    **CECs Awarded:** \_\_\_\_\_

**Determined by:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Add Course to Pre-Approved List?**    Yes    No