

## SHCM Continuing Education Tracking Form - Year 2016-2017



Courses for continuing education credit may be selected from any NAHMA/AHMA or **industry-related\*** instructional offerings. One continuing education unit (CEU) is equal to one hour of instruction/training. In order for an event to be considered as an eligible CEU, it must possess a published agenda and/or a specific topic area. Workshops, seminars and technical sessions can be used for continuing education if the event meets the above criteria. All courses are credited at the rate of one education unit for each instructional hour. **You must meet a continuing education requirement of six units of housing credit specific course-work or training by an approved provider\* per year (certificants will be required to renew their certification annually).**

\*Approved providers are listed on NAHMA's website at [www.nahma.org](http://www.nahma.org).

Please complete the reverse side of this form *or* submit **one** of the following for **each** event attended:

- Certificate of Attendance
- Certificate of Completion
- Attendance letter, or other event literature, with official sponsor verification

***All of the above must contain: topic, date and number of hours in duration***

**Please complete the information requested below and sign the Statement of Accuracy. This profile must be completed and returned in 2017 with your annual renewal fee (include additional sheets if necessary). Retain a copy for your files.**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1) **Course/Event:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Dates: \_\_\_\_\_ Hours of Attendance: \_\_\_\_\_

Name of Instructor/Speaker: \_\_\_\_\_

2) **Course/Event:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Dates: \_\_\_\_\_ Hours of Attendance: \_\_\_\_\_

Name of Instructor/Speaker: \_\_\_\_\_

3) **Course/Event:** \_\_\_\_\_

Sponsor: \_\_\_\_\_

Location (City/State): \_\_\_\_\_

Dates: \_\_\_\_\_ Hours of Attendance: \_\_\_\_\_

Name of Instructor/Speaker: \_\_\_\_\_

**Statement of Accuracy**

By my signature below, I hereby affirm that all information provided herein is correct to the best of my knowledge. I further pledge myself to abide by the SHCM Code of Ethics.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date