



Indiana Association of Prevention Professionals

CONTINUING EDUCATION REQUEST FORM

Use this form for hours earned from January 1, 2003

IAPP – OTHER TRAINING REPORT FORM – use separate form for each person and event

Member Name: _____ Membership #: _____ Membership Date: _____

Address: _____

Conference/Workshop Title: _____

Sponsored by: _____

Location: _____

Date(s): _____

Note: A conference/workshop agenda/brochure/notice should be attached to this form. Information on trainer must be included as well. Preference is for an attendance certificate with clock hour of training to be attached.

If you attend other training, use this form – actual approval and amount of time will be at the discretion of the IAPP and will be based on clock hours. i.e. subtract out lunch and breaks

Title of Individual Session/Workshop

Time (speaker talks & answers questions) ex. 1:00-2:30 p.m.

IAPP MEMBER COMPLETES THIS SECTION:

I hereby verify that I participated in the training named above.

Signature _____

Date _____

Membership #: _____ CPP: _____ QPP: _____

DO NOT WRITE IN THIS SECTION – IT WILL BE COMPLETED BY IAPP.

In-Service Credit Approval: YES (# hrs. _____) NO (# hrs. _____)

Signature _____

Date _____

Fees: IAPP Members - gratis

Non-Members - \$10.00 per clock hour

Payment/Request sent of \$ _____ for _____ clock hours.

RETURN THIS FORM, APPROPRIATE DOCUMENTATION AND CHECK OR MONEY ORDER TO :

Indiana Association of Prevention Professionals, Inc.
Jami Schroeder, IAPP Director
1101 South 13th St.
Terre Haute, IN 47802-1409