



## Indiana Association of Prevention Professionals Webinar Training Request Form for Continuing Education Credits

Please attach Webinar Registration Confirmation, Log-In/Log-Off Verification from  
Sponsoring Organization and IAPP Continuing Education Request Form

Name: \_\_\_\_\_ CPP/QPP Number: \_\_\_\_\_

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

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

Date(s) of Training: \_\_\_\_\_ Time of Training: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Objectives of the Webinar: \_\_\_\_\_

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(Narrative) How will you apply this knowledge to your job responsibilities in prevention:

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