



# 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 13<sup>th</sup> St.  
Terre Haute, IN 47802-1409