



CONTINUING EDUCATION REPORTING FORM

- ☐ CPDM Certified Professional in Disability Management
☐ CCMP Certified Case Management Professional
☐ ARPM Associate in Risk Pool Management

Name _____ Last 4 SSN _____

Home Address _____

Preferred mailing address ☐ home ☐ company

Employer Name _____

Employer Address _____

Daytime Phone Number _____

Email Address _____

IEA Pre-Approved Training:

Hooray for PARMAWOOD

Date: **February 23rd-26th, 2016**

Hours: **12 Hours**

(Designation renewal requires 6 hours per calendar year. You can earn a maximum of 12 hours per year, with 6 hours carrying over into the next renewal year)

Provider Name: **Public Agency Risk Management Association**

Participant Signature

Date

Mail or fax CE form to:

IEA

3611 South Harbor Boulevard

Santa Ana, CA 92704

Fax (714) 689-0112