



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:

43rd Annual Risk Management Conference

Date: **February 12-15th, 2017**

Hours: **11.0 hrs**

(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, Suite 180
Santa Ana, CA 92704
Fax (714) 689-0167