Application Information:

Name:

___________________________________________________________________

Job Title:

___________________________________________________________________

Name of School that you are teaching at:

___________________________________________________________________

Home Mailing Address:

___________________________________________________________________

Phone:

___________________________________________________________________

Fax:

___________________________________________________________________

E-mail:

___________________________________________________________________

Year of Certification:

___________________________________________________________________
Continuing Education Hours and Activities
Requirements: 80 hours every 5 years. Include documentation for all hours submitted. You may copy this page if additional space is needed.

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<th>Activity</th>
<th>Dates</th>
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Certification Agreement

With this application, I verify the information provided is truthful and accurate. I grant the NRAEF permission to investigate employment and education, and I release from liability all persons and companies supplying such information. I agree to accept the NRAEF Certification Governing Board’s determination on all certification decisions. Certification is awarded for five years and recertification is required to maintain certification designation. I acknowledge that false statements or misrepresentation may result in the revocation of this application and/or approved certification. I agree to allow NRAEF to share my certification accomplishment in NRAEF communications and with local newspapers and industry publications.

Signature_________________________________________

Date____________________

Please return to Ashley Bennett at the NRAEF either by mail, email, or fax.

Mail Email Fax
Ashley Bennett abennett@nraef.org 202-973-5375
NRAEF
2055 L Street NW
Washington, DC 20036