

# **AFE** Association for **FACILITIES** **ENGINEERING®**

## **CEU Verification form**

This is a supplemental form to the [AFE Certification Renewal Form](#). Please complete the following from with your CEU credits and submit within 90 days of your online submission. Send completed form to [lgutierrez@afe.org](mailto:lgutierrez@afe.org)

Check the certification you have applied for:



CPE



CPMM



CPS



CPS en Español

### **Personal Data**

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

AFE Member ID # \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work email: \_\_\_\_\_

Preferred Mailing Address

Home

Company

**Employment since Last Verification**

**Credits Claimed** \_\_\_\_\_

Please complete the following in chronological order. If you have changed positions, give a brief description of your new position.

<b>Employer</b>	<b>Location</b>	<b>Title/Function</b>	<b>Dates</b> (month & year)	
			From:	To:
			From:	To:
			From:	To:

**Educational Activities**

<b>Program Title</b>	<b>Provider/Institution</b>	<b>Dates</b> (month & year)	<b>Hours</b>	<b>CEU Credits</b>

**Professional Presentations and Instructional Activities**

<b>Presentation Title</b>	<b>Program/Provider</b>	<b>Dates</b> (month & year)	<b>Hours</b>	<b>CEU Credits</b>

**AFE Leadership/Other Activities**

<b>Office Held/Activity Title</b>	<b>Program/Provider</b>	<b>Dates</b> (month & year)	<b>Hours</b>	<b>CEU Credits</b>

**Published Books/Articles**

<b>Title</b>	<b>Publisher/Journal</b>	<b>Dates</b> (month & year)	<b>CEU Credits</b>

I hereby attest that the information above is correct and complete and that I will abide by the AFE Code of Ethics and Rules of Certification

X \_\_\_\_\_