

CONTINUING EDUCATION REPORTING FORM

Name	Phone	Fax	E-mail	
Street Address	City		State	Zip Code
Designation Program <input type="checkbox"/> Certified Specialist in Estate Planning® (CSEP) <input type="checkbox"/> Certified Specialist in Retirement Planning® (CSRP)				

Date Completed Month / Year	Program / Class	Sponsor Name and Address	Format (check one)		Credit Hours Awarded
			Seminar	Self-Study	
/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	
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/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	
/			<input type="checkbox"/>	<input type="checkbox"/>	

TOTAL CREDIT HOURS EARNED:

AFFIDAVIT: I attest to the truth and accuracy of all statements in this affidavit.

Signature	Date
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Do not send supporting documentation unless requested.
 However, supporting documentation should be retained in your files for a minimum of two years following the end of the reporting period.