

ASSOCIATION OF ASSESSING OFFICERS OF MANITOBA

P.O. Box 2178, STN MAIN, Winnipeg, MB R3C 3R5

RECERTIFICATION CREDIT REQUEST FORM

This form is for convenience in reporting continuing education to various assessment/appraisal organizations. IT DOES NOT IMPLY AUTOMATIC ACCEPTANCE OF AN EDUCATION PROGRAM. EACH GROUP RETAINS ITS OWN RECERTIFICATION REQUIREMENTS AND PROCEDURES FOR REQUESTING CREDITS.

A copy of the Program brochure or outline may be required.

- ❖ The form must be completed in its entirety. **(PLEASE PRINT)**
- ❖ Submit a copy to each Organization from which you are requesting credit.
- ❖ It is suggested that you keep a copy of each form you submit.

Member Name : _____ Designation: _____

Accreditation # : _____ Organization Submitted to: _____

Sponsoring Organization: _____

Program Title: _____ Instructional Hrs: _____

Date(s) Course Taken: _____ Name of Instructor: _____

Program Location: _____

Description of Program (if not self-explanatory from the Program Title):

Signature of Instructor: _____

I certify that I have completed the above described Program/Education Course. I am aware that any misrepresentations by me may become subject to disciplinary action.

Member's Signature: _____ Phone No.: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

The following information is to be completed by the Recertification Board:	
Date form Submitted:	Credits Allowed: