

CGFM Reactivation - Continuing Professional Education (CPE) Report (2009)

Last Name: _____ First Name: _____ Middle Initial: _____ Certification Number: _____

Daytime telephone number: _____ Email: _____

Position/title: _____ Employer: _____

ATTACHMENT NUMBER	DATES ATTENDED (Month, Day, Year)	TITLE OF TRAINING	FIELD OF STUDY or SUBJECT MATTER	NAME OF SPONSOR	CPE HOURS EARNED
TOTAL CPE HOURS from _____ to _____:					
(date) (date)					
<i>this period may not exceed 12 months</i>					

I certify that the information reported above, submitted in support of the 40 hours of CPE requirement to reactivate my CGFM designation, accurately reflects my attendance and participation. All of the reported CPE hours are either in government financial management topics or related technical subjects applicable to government financial management areas. I further certify that since receiving my CGFM designation I have abided and will continue to abide by the AGA Code of Ethics (www.agacgfm.org/cgfm/maintain/cgfm_code.aspx).

Signature: _____ Date: _____

Notes:

- The form must list at least 40 appropriate CPE hours earned within the last 12 months (the form must be submitted no later than 30 days after the end of the 12-month period).
- All hours must have backup documentation that confirms attendance or completion of CPE hours and the number of hours earned (rounded down to the nearest one-half hour).
- Please fax the form and backup documentation to **703-562-0361**.