

CGFM Reactivation – Continuing Professional Education (CPE) Report 2019

Last Name: _____ First Name: _____ Middle Initial: _____

Daytime Telephone: _____ Email: _____

Position/Title: _____ Employer: _____

Instructions:

- The form **must be completely filled out**, listing at least 40 appropriate CPE hours earned within the last 12 months.
- All hours must have supporting documentation that confirms **attendance or completion** of CPE hours and the **number of hours** earned (rounded down to the nearest one-half hour).
- Please physically sign and date the form.
- Please email the form and supporting documentation to cgfm@agacgfm.org.

ATTACH- MENT NUMBER	DATES ATTENDED (MM/DD/YY)	TITLE OF TRAINING	FIELD OF STUDY or SUBJECT MATTER	SPONSORING ORGANIZATION	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/codeofethics).

CGFM's signature: _____ Date: _____

EMPLOYER'S REPORT: use this section only if submitting the employer's report as supporting documentation OR if the sponsoring organization for the CPEs listed above is the employer.

I certify that the employee listed above has completed the CPE hours as described above.

Signature: _____ Name (please print): _____

Title: _____ Phone/Email: _____

I am this employee's (check all that apply): supervisor; education director; HR representative.