

**CGFM Reactivation – Continuing Professional Education (CPE) Report 2024**

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 sign and date the form.
- Please email the form and supporting documentation to [cgfm@agacgfm.org](mailto: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>					

**\*NOTE: the number of CPEs in taxation topics or field of study may not exceed 20 hours**

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](http://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 and Employer: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

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