

CERTIFIED ELECTRICAL PROFESSIONAL™ (CEP™) PROGRAMS



CERTIFICATION CONTINUING EDUCATION SUBMISSION FORM AND AGREEMENT

Name: _____

Date: _____

Designation (circle one): CEP-IS CEP-OS

Company: _____

City, State: _____

Recertification for CEP-IS and CEP-OS requires thirty (30) hours of qualified continuing education. With respect to each continuing education activity, you are required to submit verification of the completion of the course or other activity, including a description and requested number of continuing education hours. Please review the CEP Recertification Policy located at www.naed-cep.org, which identifies and explains qualifying Recertification activities and other Policy requirements. All certificants are required to accept and sign the Agreement provided at the end of this Form.

Please identify each continuing education activity you wish to apply to your recertification.

Title of Program/Activity: _____ Date: _____

Sponsoring Organization: _____ Number of hours: _____

Documentation provided (certificate, transcript, etc.) _____

Description:

Title of Program/Activity: _____ Date: _____

Sponsoring Organization: _____ Number of hours: _____

Documentation provided (certificate, transcript, etc.) _____

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Title of Program/Activity: _____ Date: _____

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Description:

Please attach additional sheets as necessary

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(Continued)

Name: _____ Date: _____
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Company: _____ City, State: _____

Title of Program/Activity: _____ Date: _____
Sponsoring Organization: _____ Number of hours: _____
Documentation provided (certificate, transcript, etc.) _____
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CEP Certification Continuing Education Agreement

By submitting this CEP Continuing Education Submission Form and Agreement, the undersigned certificant understands and agrees to the following terms and requirements of CEP Certification:

- All continuing education or other recertification activities submitted to CEP for credit must satisfy the requirements of the CEP Recertification Policy, and are subject to review by CEP under such requirements.
- CEP may reject any continuing education credits that do not satisfy the applicable Recertification Policy requirements.
- CEP may conduct an audit of a certificant's continuing education submission and the related representations, and may require additional information and supporting documentation concerning all reported recertification activities.

I have read the CEP Recertification Policy, and will abide by all Policy terms and conditions, and the terms of this Agreement.

Certificant Signature

Date

Please submit completed form and required documentation to:
CEP Certification – Recertification Hours, 1181 Corporate Lake Drive, St. Louis, MO 63132