CONTINUING PROFESSIONAL GROWTH
CEU SUBMISSION FORM

Name: ____________________________________  Date: ___________  Membership ID #: _____________

Phone: _________________________________ Email: __________________________________________

Please check:
___ FCSI Approved Activity  ___ Request for pre-approved activity  ___ Request for post-activity approval

Company Name: ______________________________  Activity Title: _______________________________

Brief Description: _________________________________________________________________________
_______________________________________________________________________________________

Activity Location - City: ___________________________________________  State: ___________________

Date of Activity: ________________________________________  CEUs Requested: _______________

Type of Activity:
___ Attending Seminars  ___ Authoring Reviews on Software & Books
___ Attending Trade Shows  ___ Multi-media study course
___ Academic Courses  ___ Reading articles and writing or answering
___ Delivering Presentations  on-line quiz questions for FCSI
___ Authoring Books or Articles  ___ Providing service to other industry groups
___ Viewing Educational Videos  ___ Other: _____________________________

Type of Enclosed Verification (check all that apply):
___ Signature of program provider written statement acknowledging your attendance at the seminar
___ Copy of speaker confirmation letter or a copy of the program indicating your name as a presenter
___ Copy of the article/book/review in published form
___ Documentation of an official grade slip or transcript indicating a grade of at least passing, satisfactory,
on the equivalent (for-credit courses)
___ Documentation of completion of course (non-credit courses)
___ Copy of your trade show badge (for pre-approved credits)
___ Copy of your trade show badge and the trade show program (for prior-approved credits)
___ Title and length of video, brief description of the content of the video
___ Copy of the article, written copyright authorization, and an electronic version of the quiz questions

I hereby certify that all the information above is true and accurate to the best of my knowledge and that I have
complied with the FCSI Continuing Professional Growth Program Guidelines for the reported activity.

Signature: __________________________________________________  Date: _____________________

Please e-mail your evaluation forms to Kimberly Kissel at kimberly@fcsi.org within one week of your seminar and keep a

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