



REQUEST FOR CONTINUING EDUCATION CREDITS Form

This form is to be used to request a confirmation of Continuing Education Credits for a specific training event.

Name of Session: _____

Date(s) of Session: _____ **Duration (hours):** _____

Type of Continuing Education Credit Category being requested:

_____ **CONTINUOUS BOOKKEEPING & BUSINESS CEC** **OR** _____ **PERSONAL DEVELOPMENT CEC**
(maximum of 20 recognized per year) (maximum of 2 recognized per year)

Event being provided by: _____

Event provider's Website address: _____

Description of Training event:

Other Information/Comments – tell us why you believe this event should qualify for CEC's:

Name of IPBC CPB Member: _____

Email address of member: _____

*Please note that this request will be processed as quickly as possible, but may take some time.
It is to your advantage to submit this request form with as much notice as possible before the event date.*

Number of CEC's being awarded for this event by the Accreditation & Compliance Committee: _____