

Executive Officers Council Commitment to Excellence Program Local Program Participation Form

Please check and initial each session attended and sign this verification statement. Credit will only be given for sessions which have been approved the Executive Officers Council.

To receive credit return completed form via fax to EOC staff at (202) 266-8587, or mail to: NAHB Executive Officers Council, Attn: Rick Burt, 1201 15th St. NW, Washington, DC 20005 as soon as possible. Please be sure to include proof of attendance for each session listed below.

Keep a copy of this verification statement in your professional development file as sessions may be used when seeking to obtain, or renew, the ASAE CAE designation.

Total Hours: _____ **Date:** _____

Name: _____

HBA: _____ **Association #:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____

SPONSORING ASSOCIATION/ORGANIZATION: _____

DATE: _____	Hours Earned
<input type="checkbox"/> Program Name: _____ Program Time: _____	_____ hours

<input type="checkbox"/> Program Name: _____ Program Time: _____	_____ hours
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<input type="checkbox"/> Program Name: _____ Program Time: _____	_____ hours
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<input type="checkbox"/> Program Name: _____ Program Time: _____	_____ hours
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<input type="checkbox"/> Program Name: _____ Program Time: _____	_____ hours
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I hereby certify that the information provided above is true and accurate. I understand that submission of inaccurate information may be grounds for denial to participate in this program.

Signature

Date