



# Housing Credit Certified Professionals (HCCP) Continuing Education Form

Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	Email: _____
City State Zip: _____	

To maintain your HCCP designation you are required to complete four (4) hours of continuing education every year. Trainings or courses that improve your LIHTC related job functions count toward this requirement.

**LIHTC industry related education**

<b>Course/Event</b>	
Sponsor	
Location	
Date	
Hours of Attendance	
<b>Course/Event</b>	
Sponsor	
Location	
Date	
Hours of Attendance	
<b>Course/Event</b>	
Sponsor	
Location	
Date	
Hours of Attendance	
<b>Course/Event</b>	
Sponsor	
Location	
Date	
Hours of Attendance	

Please note that all continuing education must be completed during the period for which it applies. Do not submit your form until you have completed all of the above listed requirements in their entirety. Proof of attendance for each event or activity must accompany your submission.

I hereby affirm that the information supplied in my Continuing Education Form is correct to the best of my knowledge and pledge myself to abide by the HCCP Code of Ethics. I authorize the HCCP Board or its designee to verify for accuracy.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**  
 NAHB Education  
 HCCP Program Coordinator  
 1201 15<sup>th</sup> Street, NW  
 Washington, DC 20005  
 Or fax to (202) 266-8191