



Continuing Education Form for Designations (CAPS, CGA, CGB, CGP, CGR, CMP, CSP, GMB, GMR, Master CGP, Master CSP and MIRM)

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

To maintain your designation, you must complete four (4) hours of building/remodeling industry or aging-in-place continuing education (CE) every year. Designees are not required to send in proof of CE earned at time of renewal. If you have renewed your designation on time, you are **not** required to complete and submit this form. Complete and submit this form **only** if you have been selected for an audit via email. NAHB will contact you directly with instructions on how to submit your documentation.

Building/Remodeling Industry or Aging-in-Place Industry-Related Continuing Education	Hours Completed:
<input type="checkbox"/> Complete an NAHB Education course in person, virtual, on demand or live online. (Fulfills annual requirement)	_____hrs
<input type="checkbox"/> Complete NAHB webinars or webinar replays.	_____hrs
<input type="checkbox"/> Attend NAHB's International Builders' Show (IBS- https://www.buildersshow.com)(Fulfills annual requirement)	_____hrs
<input type="checkbox"/> Be an active member of a Builder or Remodeler 20 Club (Fulfills annual requirement)	_____hrs
<input type="checkbox"/> Complete an industry specific program provided by another professional organization.	_____hrs

Total continuing education hours completed: _____hrs

NOTE: Designees must provide proof of attendance for each activity or event they completed. All continuing education must be completed during the period for which it applies.

- 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 Code of Ethics. I authorize NAHB staff or its designee to verify for accuracy.
- I understand that designees are not required to send in proof of CE earned at time of renewal. I have been chosen for a random audit and I am completing and submitting this form as requested by NAHB Education to complete the audit process.

Participant's Signature _____ Date _____

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