



NEW MEXICO
CERTIFIED FLOODPLAIN MANAGER PROGRAM
(CEC) VERIFICATION FORM

Participant Name _____

Certification Number _____

Mailing Address _____

Formal Name of
Course/Workshop _____

Offered By _____

Date and Location _____

Number of Days/Hours _____ CECs _____

(NMFMA conferences are 3 CECs for each ½ day, or 12 CECs for the entire 2-day conference)

Attach certificate of attendance document. If the training is not a pre-approved course, also attach the Course/Workshop agenda, instructor name and phone number, and, if available, CEC documentation issued by offering entity (university, association, agency, etc). If there are concurrent sessions on different subjects, circle the sessions that you attended. If no certificate or attendance document is available, you must get this form signed by the instructor.

CFM Applicant Certification: I am certifying that the information listed above, referencing my Continuing Education Credit (CEC), is correct.

Submitted by: _____

Date: _____

Instructors Signature: _____

DO NOT WRITE BELOW THIS LINE

Level: **C P I** Number of creditable hours: _____

CECs Awarded: _____

Determined by: _____ Date: _____

Mail to: NMFMA Certification Board, PO Box 1235, Las Cruces, NM 88004