



NeighborWorks® Center for Homeownership Education and Counseling Recertification/Continuing Education Credits

**List of Professional Development Courses and Workshops Completed Over Past 24 Months
(not limited to the NeighborWorks® Training Institute)**

Name: _____ Phone: _____

Name of Course	Sponsor	Length i.e., # of hours or days of training	Cost	Format	Receipt of Continuing Education Credits?
			\$	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Correspondent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____ I signed up at www.nw.org/nchec as of _____ (date).

_____ I've enclosed a copy of my original certificate (or letter)

Signed

Date

**Use as many pages as needed.
When complete, Fax to: NCHCEC at (202) 376-2168**