



CSFM CEU REPORTING FORM

NAME OF EVENT:

LOCATION OF EVENT:

DATE OF EVENT:

GROUP SPONSORING THIS EVENT:

CSFM NAME: _____

DATE: _____

SESSIONS ATTENDED TO BE MARKED ON EVENT'S EDUCATIONAL SESSION SCHEDULE.

I hereby attest that all the submitted information is accurate. I understand that submitting intentionally falsified information could lead to revoking my status as CSFM.

Signature of CSFM: _____

PLEASE RETURN THIS COMPLETED FORM AND THE MARKED EVENT ATTENDANCE SCHEDULE TO STMA HEADQUARTERS.

CSFM CEU REPORTING FORM RECEIVED

BY STMA STAFF MEMBER: _____

DATE: _____

*MAXIMUMS ARE ESTABLISHED FOR EACH EVENT BASED ON COMPLETE EVENT ATTENDANCE – FINAL DETERMINATION OF CEUs IS BASED UPON CONTACT HOURS AND CONTENT AND PROOF OF DOCUMENTATION