



# CET Annual Renewal Form

Date Certification Expires \_\_\_\_\_

Date CET Certification Issued \_\_\_\_\_

\*Please review information and make changes in blue or red ink

\* Please provide/update email address

## Personal Information

## Employer Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Course Title & Provider	Certificate Attached	Complete Date	Contact Safety	Contact Hours
Total Continuing Education Contact Hours Rolled Over*				
<b>Total Continuing Education Contact Hours</b>				

### Continuing Education:

- ✓ Please provide current email address in space above.
- ✓ List courses in the space provided above.
- ✓ Courses must be completed in the current calendar year
- ✓ Attach certificates of completion / attendance.
- ✓ Minimum requirement - 10 contact hours (1 hour of approved safety).
- ✓ Safety Course - A maximum of three (3) contact hours in safety will be accepted. All safety contact hours in excess of the maximum will not be applied towards CET renewal contact hours.
- ✓ Renewal form must be signed and dated by CET.

\* Contact hours over the required 10 can be rolled over into the following year. The maximum allowed to roll over is 4 contact hours.

Credit Card Information:

**Annual Renewal Fee: \$90.00 NAEC Member / \$175 Non-Member**  AMEX  MasterCard  VISA  Discover

Please find enclosed a check in the amount of \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_

PLEASE MAKE CHECKS & MONEY ORDERS

Exp Date: \_\_\_\_\_ Zip code: \_\_\_\_\_ CSV Code \_\_\_\_\_

PAYABLE TO NAEC. MUST BE IN U.S. DOLLARS

Received \_\_\_\_\_ Check Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Signature: \_\_\_\_\_

I certify that the facts contained in this renewal information form are true and complete to the best of my knowledge and understand that falsified or misleading information provided on this form shall constitute good and sufficient grounds for retracting or immediate cancellation of my CET status.

Signature \_\_\_\_\_ Date \_\_\_\_\_