



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

Safety

Contact Hours

Total Continuing Education Contact Hours Rolled Over*

Course Title & Provider	Certificate Attached	Complete Date	Safety	Contact Hours

Total Continuing Education Contact Hours _____

Continuing Education:

- ✓ Please provide current email address in space above.
- ✓ All courses completed must be filled in on renewal form.
- ✓ Courses must be completed in the current calendar year.
- ✓ Must provide copies of all certificates of completion.
- ✓ 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: \$95.00 NAEC Member / \$180 Non-Member

AMEX MasterCard VISA Discover

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

PLEASE MAKE CHECKS & MONEY ORDERS

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

Received _____ Check Date _____

Check # _____ Amount _____

Credit Card # _____

Exp Date: _____ Zip code: _____ CSV Code _____

Name on Card: _____

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 _____