

**Certified Reporter Program  
Continuing Education Credit Request Form**

Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Program Title: \_\_\_\_\_

Organization Presenting Program: \_\_\_\_\_

Date of Program: \_\_\_\_\_ Hours Attended: \_\_\_\_\_

Narrative Description of Curriculum and How it Relates to Your Work as a  
Certified Reporter:

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*Please attach curriculum information and confirmation from the Organizing Entity that confirms your attendance, if applicable. If requesting pre-approval, the certificate holder shall present proof for participation prior to filing for certification renewal.*

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

Address: \_\_\_\_\_

**For CR Program Use Only**

Received:

Present to Board:

Hours of CE Credit Approved:

Notification of Credit Sent: