

American Society of Pension Professionals & Actuaries Continuing Education Program Reporting Form

Questions?
Call 800-308-6714

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____

Title: _____ I am the owner

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Business

Phone: _____ Fax: _____

Email Address: _____

ASPPA Sponsored Credits

ASPPA Program	Date	Major Topic	Length of Program	Requested CE Credits
Total Credits				

Non-ASPPA Sponsored Credits

Program	Date	Major Topic	Length of Program	Requested CE Credits
Total Credits				

Total Credits in All Sections: _____

Signature: _____ Date: _____

All exam revalidations should be submitted with a CE Reporting Form documenting 40 CE credits (including 2 in Ethics/Professionalism) earned within the 24-month period preceding the submission of the credential application. Please attach this document to the application and send via fax to ASPPA Customer Support at 703.516.9308 or e-mail to accountsreceivable@usaretirement.org. If additional space is needed to report more credits, you may attach a separate sheet to this form.



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