

# UNIFORM REQUEST FOR RECERTIFICATION CREDIT

This form was developed for your convenience in reporting continuing education to the SBOE (State Board of Equalization).

1. This form must be completed in its entirety. Please type or print.
2. Please submit a separate copy to each individual organization from which you are requesting credit.
3. Please keep a photocopy of each form submitted.

\_\_\_\_\_  
ORGANIZATION TO WHICH SUBMITTED (SBOE)

\_\_\_\_\_  
AGENT REGISTRATION NUMBER

\_\_\_\_\_  
MEMBER NAME (PLEASE PRINT)

\_\_\_\_\_  
NUMBER OF INSTRUCTIONAL HOURS OFFERED

\_\_\_\_\_  
ORGANIZATION SPONSORING PROGRAM

\_\_\_\_\_  
TITLE OF PROGRAM

\_\_\_\_\_  
PROGRAM DATES

\_\_\_\_\_  
PROGRAM LOCATION

\_\_\_\_\_  
DESCRIPTION OF ACTIVITY AND CONTENT

\_\_\_\_\_  
EVIDENCE OF COMPLETION (SIGNATURE OF INSTRUCTOR OR PROGRAM OFFICIAL)

***I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me may become subject to disciplinary action.***

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NO. OF HOURS ACTUALLY ATTENDED

FOR OFFICE USE ONLY

\_\_\_\_\_  
MAILING ADDRESS      CITY      STATE/PROVINCE      ZIP CODE

*\* Submission of this form does not imply automatic acceptance by any organization of an educational program. Each group retains its own recertification requirements and procedures for requesting credit. A copy of the program brochure or outline may be required.*

*\*\* Please return completed form with any required fee to: State Board of Equalization, Ste. 1700, James K. Polk Building, Nashville, TN 37243*