



### Certified in Family and Consumer Sciences Certification Reporting Form

All information must be typed or printed legible. Check \_\_\_\_\_ If any of the information below has changed.

Certification # \_\_\_\_\_ AAFCS Membership # \_\_\_\_\_ Certification Cycle Expiration Date \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer/Job Title: \_\_\_\_\_

**This form may be duplicated for additional space.**

Activity Dates (all inclusive)	Sponsor & Activity Title (no acronyms)	PDUs
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(Less than 75 PDUs will not be accepted) **PDU Total** \_\_\_\_\_

Please sign and date this form. Do not submit documentation unless requested. Save all documentation until 60 days after you complete your 3-year cycle. Please keep a copy of this form in your records, the Office of Certification will no longer store copies of reporting forms.

I attest that the above information is true: (CFCS Signature) \_\_\_\_\_

Staff Use Only: Verified \_\_\_\_\_ Entered \_\_\_\_\_

Mail to: AAFCS Office of Certification - 400 N. Columbus Street - Suite 202 - Alexandria, Virginia 22314-2752