

Recertification Application

The following information is to be filled out as completely as possible. Please read the recertification program guidelines before filling out the application. Substantiating data for each recertification credit must be included with this application. Please type or print data except where signature is required. All applications must be accompanied by the filing fee in order to be considered. For payment by credit card, please complete the appropriate section on the back of the application. All fees are non-refundable.

FEES: \$95 for AFE members; \$195 for non-members.

Personal Data

Number: _____ Date of Original Certification: _____
 Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Company Name: _____
 Title: _____
 Company Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____ Website: _____
 Preferred Mailing Address: Company Home



Check one:

Employment Data Since Last Verification

Credits Claimed _____

Please complete the following in chronological order. If you have changed positions since being certified, give a brief description of your new position. Please date, sign and attach any additional information you feel necessary to establish the requested credits.

Employer	Location	Title/Function	Dates Give Months and Years	
			From:	To:
			From:	To:
			From:	To:
			From:	To:

New Position Description: _____

Please note that documented proof of any claim is not required at time of submission but must be maintained for verification at an future audit of eligibility.

Credits Claimed in the 4 areas: _____

Academic Data

Education Programs and Courses

Title of program or course _____

Location _____

Sponsor _____

Number of hours attended _____ Grade _____ Instructor's Name _____

Professional Activities

Title of presentation _____

Name of program _____

Sponsor _____

Location _____

Length of presentation _____

List additional information attached _____

Published Articles

Title of published work _____

Publication in which it appeared _____

Publisher _____ Length of Article _____ Pages _____

By-Line _____

List additional information attached _____

Other Activities

Name of Activity _____

Reason why activity should be approved _____

Please furnish details of activity on seperate attachment.

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Other Activities

Payment Enclosed: \$ _____ Check # _____

Bill my credit card (\$95 for members and \$195 for non-members).

Charge \$ _____ to my VISA MASTERCARD American Express

Account Number: _____ Exp. Date: _____

Signature: _____

Internal Use Only

Approved: _____

Not Approved: _____

New Recert Date: _____