



AFFIDAVIT OF ATTENDANCE CMM EDUCATION CREDIT Convention / Seminar / Workshop / Event

Name: _____ Email: _____
(Please print) (Please print)

Mailing Address: _____

City | ST | ZIP : _____

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

Company/Family Trust: _____

NARO Membership Number: _____ (if known)

PLEASE NOTE THE FOLLOWING:

- For **each** convention / seminar / workshop / event attended, **please complete separate forms**. Additional affidavit forms are available from the NARO website: www.naro-us.org
- Attach a Program Schedule from Non-NARO sponsored event which includes the date, seminar content and speakers.
- A list of approved events and pre-approved credits is maintained on the NARO website CMM page.
- A form is also available for requesting an evaluation of an event 30 days prior to attending.

Credits Requested _____ **(To determine, please see table)**

Event Name _____ Event Location (City/State) _____

Event Sponsor (Example NARO, AAPL, NADOA) _____

Date(s) of event _____ Start and End times of event _____

(Signature)

(Date)

Please return this form with attachments to:

NARO Foundation – CMM Registrar

7030 S. Yale Ave. Suite 404 | Tulsa, OK | 74136

Phone: (918) 794-1660 | Fax: (918) 794-1662 | registrar@naro-us.org

8 credits maximum for NARO National Convention
7 credits first CMM Review Course - 3 Credits subsequent
7 credits maximum for NARO State Convention
6 credits maximum for related professional events
3 credits maximum for one full-day approved event
1 credit for one half-day approved event
1 credit for approved Ethics Class
TBD credits if unknown

Note: Listed credits in the table are the maximum allowed. Actual credits awarded will depend on the educational content relevant to the CMM program at the event you attended. A list of approved events and pre-approved credits is maintained on the NARO website CMM page. A form is also available for requesting an evaluation of an event 30 days prior to attending.

OFFICE USE ONLY

Credits Approved: _____ Ethics Credits Approved: _____

CMM Certification Committee by: _____ Date: _____