



DETERMINATION OF EDUCATION CREDITS REQUEST

Use this form for pre-event evaluation of college course, convention, seminar, workshop or event that is uncommon and NOT listed on the Affidavit of Attendance form

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

Mailing Address: _____

City | ST | ZIP : _____

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

Company/Family Trust: _____

NARO Membership Number: _____ (if known)

Date Submitted for Determination

Name of Education Event: _____

Date of Event: _____

Sponsor(s): _____

Location: _____

Must attach a program schedule for event and briefly describe seminar content and list of speakers.

Please return this form with attachments to:
NARO Foundation – CMM Certification Committee
15 W. 6th Street, Suite 2626 | Tulsa, OK | 74119
Phone: (918) 794-1660 | Fax: (918) 794-1662 | registrar@naro-us.org

OFFICE USE ONLY

Credits Approved: Associate ____ Professional ____ Ethics ____

CMM Certification Committee by: _____ Date: _____