ASA Continuing Education (CE) Credit Form - eLearning

KEEP THIS FORM WITH YOUR RECORDS. This form was developed for your convenience in reporting continuing education to ASA and/or to other appraisal organizations upon request. It does not imply automatic acceptance by any organization of an educational program, as each group retains its own reaccreditation requirements and procedures for requesting credit.

1. Complete this form as much as possible.
2. It’s important to keep a copy of this form in your personal records in the event you are audited since your online ASA educational profile may not automatically reflect credit or completion. Additional ASA offerings/programs may be listed separately and attached with this form – see page 2. Note: ASA requires its designated members to maintain their forms for at least five (5) years from the completion date of the reaccreditation period in which it was applied.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Program Format</th>
<th>Hours</th>
<th>Date Completed</th>
<th>Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.e. Appraisal in Plain English</td>
<td>Webinar</td>
<td>2</td>
<td>6/1/2018</td>
<td>#350945</td>
</tr>
<tr>
<td>i.e Hot Topics in the Valuation of Contingent</td>
<td>Conference Session</td>
<td>1</td>
<td>4/22/19</td>
<td>#350945</td>
</tr>
<tr>
<td>Consideration</td>
<td>Recording</td>
<td></td>
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<td></td>
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</tbody>
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I certify that I have completed the above-described professional activity. I am aware that any misrepresentations by me may be subject to disciplinary action.

ASA ID #: __________________

Printed Name ________________________________________________________________________________________________________________________________________________________________

Signature

Date __________________________________________________________________________Email Address ____________________________________________________________________________________________

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THIS SECTION FOR OFFICE USE ONLY

Reviewed/ Approved by: ________________ Number of Acceptable Hours: ________________
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