

## Continuing Education Unit (CEU) Verification Form

Please type (fill in form)

Mr.  Ms.

Name \_\_\_\_\_

Title \_\_\_\_\_

Check preferred mailing address:

Work

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

HUD-Agency ID # \_\_\_\_\_

(If applicable)

Home

Address \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ Fax \_\_\_\_\_

Are you enrolled in a NCHCEC Program of Study?

YES  NO

How long have you been in the housing counseling and homeownership education industry?

- 1 year or less
- 1-2 years
- 2-3 years
- 3 or more years

How long have you been in your current position?

- 1 year or less
- 1-2 years
- 2-3 years
- 3 or more years

I currently hold NCHCEC Certification in (check all that apply):

- Pre-Purchase Homeownership Education
- Post-Purchase Homeownership Education
- Housing Counseling

**Mail or e-mail form to:**  
**NeighborWorks® America**  
**Attn: NCHCEC**  
**1325 G Street, NW, Suite 800**  
**Washington, DC 20005**  
**Fax: 202-376-3678**

**Questions?**  
**Call 1-866-785-4401 or**  
**e-mail: [nchec@nw.org](mailto:nchec@nw.org)**

Visit [www.nw.org/nchec](http://www.nw.org/nchec) for more information

Individuals seeking approval of CEUs from external sources must complete this form and submit it along with a course completion certificate (if offered) and a copy of the course agenda or other documentation that clearly indicates the topics covered in the training and the duration or number of training hours.

**IMPORTANT:** Send original with support documentation and retain one copy for your files.

Race (optional) – please check one.

- American Indian/Alaska Native
- Asian
- Black/African-American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Other

Date Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**List of Professional Development Courses and Workshops Completed for Continuing Education Credits\***

Name of Course	Sponsor	Length i.e., # of hours or days of training	Cost	Format	Location	Number of CEU Credits
			\$	Classroom Online Correspondent Other:		
			\$	Classroom Online Correspondent Other:		
			\$	Classroom Online Correspondent Other:		
			\$	Classroom Online Correspondent Other:		
			\$	Classroom Online Correspondent Other:		
			\$	Classroom Online Correspondent Other:		

Signature: \_\_\_\_\_

I affirm that all of the above statements are true to the best of my knowledge.

**\*Continuing Education Units (CEU) are subject to verification. Use as many pages as needed.**