

# American Society of Pension Professionals & Actuaries Continuing Education Program Reporting Form

Questions?  
Call 703.516.9308

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)

Company: \_\_\_\_\_

Title: \_\_\_\_\_  I am the owner

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home  Business

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## ASPPA Sponsored Credits

ASPPA Program	Date	Major Topic	Length of Program	Requested CE Credits
<b>Total Credits</b>				

## Non-ASPPA Sponsored Credits

Program	Date	Major Topic	Length of Program	Requested CE Credits
<b>Total Credits</b>				

Total Credits in All Sections: \_\_\_\_\_

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

*All exam revalidations should be submitted with a CE Reporting Form documenting 40 CE credits (including 2 in Ethics/Professionalism) earned within the 24-month period preceding the submission of the credential application. Please attach this document to the application and send via fax to ASPPA Customer Support at 703.516.9308 or e-mail to [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org). If additional space is needed to report more credits, you may attach a separate sheet to this form.*



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