



CERTIFICATE OF CONTINUING REGULATORY EDUCATION

CCRE TIER 1 CREDIT APPLICATION FORM

Courtesy Title: _____ First Name: _____ Last Name: _____

Job Title or Position: _____

Department or Division: _____

Organization: _____

Work address: _____

City: _____ State/Province: _____ Zip: _____

Work phone: _____ Email: _____

Please list all of the programs or coursework for which you are applying for CCRE credit (2008 and later).

Name of program	University sponsor	Dates attended	Location	Credits (TBD)*
<i>Example: Basics Program</i>	<i>New Mexico CPU</i>	<i>Oct. 13-18, 2013</i>	<i>Las Cruces, NM</i>	<i>TBD</i>
<i>Continue on page 2 as necessary</i>				

* Please note that not all programs are eligible for CCRE credits, CCRE credits may be limited for certain programs, and CCRE credits may not be identical to continuing legal or professional education credits. For details, see ipu.msu.edu/CCRE.

I certify that I fully attended the above named CCRE eligible programs:

_____ (Signature and date)

Please complete this form and fax it to 517.355.1854 or email it to ipu@msu.edu
For program information, please visit ipu.msu.edu/CCRE. Call us at 517.355.1876 with any questions.
Thank you for your application!

