



## Continuing Education Unit (CEU) Application Form

PLEASE PRINT LEGIBLY

_____	_____	_____
Last Name	First Name	M.I.
_____		
Institution		
_____		
Address		
_____		
Address		
_____		
City, State, Zip Code		
_____		
Telephone/Fax/Cell		
_____		
FASFAA Event for which CEU credit is to be awarded		Date(s) of event
_____		_____

I certify my attendance and wish to receive credit for the FASFAA event listed above. Credit will be in the form of CEU contact hours. I understand that I will be mailed a certificate indicating completion of this event and the equivalent CEU contact hours awarded (8.0 contact hours = 1.0 CEU). My certificate will be mailed to me at the address above approximately 30 days after sending/delivering this form to the appropriate FASFAA representative. This Application Form must be received by FASFAA within 90 days of the close of the event listed above. I understand that I must be a paid member of FASFAA for the fiscal year in which the event is held and have paid any registration fees associated with the event above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Members of the Florida Association of Student Financial Aid Administrators (FASFAA) recognize that one of the purposes of FASFAA is to provide training and information services to its members through training conferences and periodic written materials. While FASFAA shall utilize its best efforts to provide its members with the most current information available, there can be no assurances or warranty that any such information provided to the membership is correct or has not been superseded or that more current information is not available. Furthermore, FASFAA can give no assurances or warranty that its interpretation of any rule, regulation, or statute will be in conformance with any present or future interpretation of such rule, regulation or statute by any appropriate governmental authority. Accordingly, each member shall hold FASFAA harmless from any claims, damages or liability resulting from such member's use of any information, data or interpretations as provided to such member by FASFAA.

**This application may be submitted to FASFAA on site at any event or mailed to the address provided for this purpose on the FASFAA web site at [www.fasfaa.org](http://www.fasfaa.org).**

FOR FASFAA USE ONLY

Date application received \_\_\_\_\_ Contact hours/CEU equivalency awarded \_\_\_\_/\_\_\_\_

Date certificate sent \_\_\_\_\_ Sent by \_\_\_\_\_