CC-P® Continuing Education Checklist

Please execute the following checklist and supporting usage documentation form and submit your maintenance submission per the instructions published at <https://climateofficers.org/ccpmaintenance> -- questions should be directed through the same web page.

**Continuing Education (8 hours):***Courses or curriculum that are deemed to be redundant to the learning objectives recommended for preparing for the CC-P® exam modules may not be considered as continuing education (unless ACCO has announced a requirement to refresh a specific competency).*

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| --- | --- | --- | --- |
| **# Hours** | **Course Title/Description** | **Provider** | **Date Taken** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Validations:***In the absence of registration or formal documentation for activities referenced above, please use the following validation section to support your submission.*

|  |  |
| --- | --- |
| **Course title listed above** | **Please provide a brief statement explaining your reasons for choosing this activity.**  |
|  |  |
| **How has this educational activity informed or enhanced your work?** |
|  |
| **Please identify 2-3 takeaways or key lessons learned from this event?** |
| **1** |  |
| **2** |  |
| **3** |  |

|  |  |
| --- | --- |
| **Course title listed above** | **Please provide a brief statement explaining your reasons for choosing this activity.**  |
|  |  |
| **How has this educational activity informed or enhanced your work?** |
|  |
| **Please identify 2-3 takeaways or key lessons learned from this event?** |
| **1** |  |
| **2** |  |
| **3** |  |

|  |  |
| --- | --- |
| **Course title listed above** | **Please provide a brief statement explaining your reasons for choosing this activity.**  |
|  |  |
| **How has this educational activity informed or enhanced your work?** |
|  |
| **Please identify 2-3 takeaways or key lessons learned from this event?** |
| **1** |  |
| **2** |  |
| **3** |  |

**The above information is true and accurate and is being submitted in support of my annual CC-P**® **maintenance requirements:**

Your Full Name: Your Credential ID #: Signature: