OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC.
CFM® RENEWAL FORM

Please complete & sign this form. Enclose a check, money order or purchase order in the amount of $25.00 & return to:

OFMA
PO Box 8101
Tulsa, OK 74101-8101

1. Name: _____
   (Last) (First) (Middle)

2. Are you a current member of OFMA? ___ Yes ___ No (Please Mark One)

3. Provide your current CFM® number and original date of certification: Original Certification Date: _____

   Certification No.: _____

4. How many CECs did you earn this past OFMA year, October 1, 2016-September 30, 2017? _____

5. How many CECs did you earn the previous OFMA training year, October 1, 2015-September 30, 2016? _____

6. Have you taken any core or parallel floodplain management courses not preapproved by OFMA during this past two-year CEC cycle?

   _____

   _____

7. Has there been a change in your employment status? ___ Yes ___ No

   _____

8. Please verify work and home information. If there has been a change of address, telephone number or email.

   Home Address: _____ Work Address: _____

   _____ _____
   City State Zip City State Zip

   Home Phone: _____ Work Phone: _____

   Email: _____

I verify the information provided above is correct and that I uphold the CFM® Code of Ethics in all that I do.

Signature: _____ Date: _____

FOR PDCC OFFICIAL USE ONLY:

(CIRCLE ONE) **RENEW** **DISAPPROVE**

Signature of Reviewer: _____ Date: _____