



The Florida Records Management Association

CONTINUING EDUCATION REQUIREMENTS COURSE APPROVAL FORM

NOTE: FRMA Director Education **MUST** receive this application at least 30 DAYS in advance of the course/seminar presentation date. Applications submitted after the class begins will be **automatically denied**. You have 30 days after the course/seminar to submit certificate or proof of attendance.

GENERAL INFORMATION **DATE:**

LAST NAME: _____ **FIRSTNAME:** _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____ **FRMA MEMBER**

COURSE OUTLINE: PLEASE ATTACH OUTLINE; INCLUDE THE TIME ALLOTTED TO EACH SESSION

EMAIL ADDRESS: _____ **TELEPHONE NUMBER:** _____ **FAX NUMBER:** _____

COURSE DESCRIPTION: (CHECK ALL THAT APPLY)	NUMBER OF HOURS REQUESTED	COURSE/SEMINAR DATE:
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- | | | |
|--|--|--|
| <input type="checkbox"/> BASIC OF RECORDS MANAGEMENT (State of Florida Division of Library and Information Services) | | |
| <input type="checkbox"/> ADVANCE RECORDS MANAGEMENT (State of Florida Division of Library and Information Services) | | |
| <input type="checkbox"/> DISASTER PLANNING AND RECOVERY (State of Florida Division of Library and Information Services) | | |
| <input type="checkbox"/> FRMA SPONSORED WEBINAR | | |
| <input type="checkbox"/> OTHER: | | |

BRIEF DESCRIPTION OF COURSE/SEMINAR CONTENT:

EVENT INFORMATION:

INSTRUCTOR NAME: _____

EVENT LOCATION _____

MEMBER SIGNATURE: _____ **DATE:** _____

FRMA USE ONLY:

FRMA ADMINISTRATIVE ACTION:	CREDIT HOURS APPROVED
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|---|--------------------------------------|
| <input type="checkbox"/> Base upon the information provided on your Continuing Education Approval Request application, the course/seminar did not meet FRMA's approval requirements. | |
| <input type="checkbox"/> Your Continuing Education Approval Request Application is approved . | |
| <input type="checkbox"/> Proof of Attendance submitted | <input type="checkbox"/> YES NO |

DIRECTOR OF EDUCATION SIGNATURE: _____ **DATE:** _____