**NATIONAL ASSOCIATION OF PARLIAMENTARIANS®**

**Professional Renewal Courses/Modules**

**Reporting Form**

**NAME**:

Six‐year Reporting Period beginning 1/1/20 and ending

**Instructions**: Complete this form, indicating that during your current credentialing period **you have fulfilled this requirement in one of the following three ways:**  1) successfully completing the two-day Professional Renewal Course, 2) teaching a two-day Professional Renewal or Professional Qualifying Course, or 3) successfully completing or teaching a combined total of seven Professional Renewal modules, the five required (marked with asterisk) and two electives, face-to-face or online. **Check the appropriate box(es) below.**

(See NAP Operational Policies and Procedures 5.4.02 & 5.4.03.)

Fulfillment of this requirement may NOT be applied toward a future six-year reporting period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Two-Day Professional Courses** | |  |  |
| * Completed: | The two-day Professional Renewal Course | | Dates: |
|  | Location: | |  |
| * Taught: | The two-day Professional Renewal Course | | Dates: |
|  | Location: | |  |
| * Taught: | The two-day Professional Qualifying Course | | Dates: |
|  | Location: | |  |
|  |  | |  |

**Individual Modules**

On the following page you will find a grid for recording individual modules you have successfully completed or taught during this credentialing period. Note the dates and fill in the location for any modules completed in-person rather than online.

Each module can only be counted once.

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Modules** | **Completed** | **Taught** | **Date** |
| * Doing Business as a Professional Parliamentarian |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * \* Ethics |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * \* Governing Documents |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * Advanced Parliamentary Research |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * \* Writing Parliamentary Opinions |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * Script Writing |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * \* Serving as a Meeting Parliamentarian |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * Serving as a Presiding Officer |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |
| * \* Teaching RONR |  |  |  |
| \_\_\_ Online \_\_\_ In-Person Location: |  |  |  |

Name

\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City State Zip

Telephone

Home Work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell

E-Mail Address

**CERTIFICATION:** I attest that I have completed, during my current six-year period, all of the professional

renewal activities that are claimed on this form. I understand that this report is subject to audit by the

professional development committee and that the committee may disallow activities, which in its judgment

are not supported by appropriate documentation. I agree to provide the professional development

committee documentation or verification as the committee may request.

Signature Date