

NATIONAL ASSOCIATION OF PARLIAMENTARIANS[®]
Professional Renewal
Courses/Modules
Reporting Form

NAME: _____

Six-year Reporting Period beginning 1/1/20_____ and ending 12/31/20_____

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 in-person or virtual Professional Renewal Course, 2) facilitating an in-person or virtual Professional Renewal or Professional Qualifying Course, or 3) successfully completing or facilitating a combined total of seven Professional Renewal modules, the five required (marked with asterisk) and two electives, in-person 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.

Professional Courses		
<input type="checkbox"/>	Completed: The in-person/virtual Professional Renewal Course Location:	Dates:
<input type="checkbox"/>	Facilitated: The in-person/virtual Professional Renewal Course Location:	Dates:
<input type="checkbox"/>	Facilitated: The in-person/virtual Professional Qualifying Course Location:	Dates:
<input type="checkbox"/>	Served on the Professional Development Committee	Dates:

Individual Modules

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

Each module can only be counted once.

Individual Modules	Completed	Taught	Date
<input type="checkbox"/> Doing Business as a Professional Parliamentarian ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Professional Responsibility ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Governing Documents ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Writing Parliamentary Opinions ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Script Writing ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Serving as a Meeting Parliamentarian ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Serving as a Presiding Officer ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Interactive Facilitating RONR ___ Online ___ In-Person Location:	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____