



**Individual Modules**

Record 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	Successfully Completed	Facilitated	Date
<input type="checkbox"/> Doing Business as a Professional Parliamentarian <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Professional Responsibility (formerly Ethics) <sup>(06)</sup> <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Governing Documents <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Writing Parliamentary Opinions <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Script Writing <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Serving as a Meeting Parliamentarian <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Serving as a Presiding Officer <input type="checkbox"/> Online <input type="checkbox"/> In-Person      Location: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> * Interactive Teaching RONR (formerly Teaching RONR) <input type="checkbox"/> Online <input type="checkbox"/> 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 Commission on Credentialing and that the committee may disallow activities, which in its judgment are not supported by appropriate documentation. I agree to provide the Commission on Credentialing documentation or verification as the committee may request.

Signature \_\_\_\_\_ Date \_\_\_\_\_