

ON OR BEFORE June 1, 2018 RETURN THIS FORM BY MAIL OR EMAIL TO:

Pat Goddard
NCTCA Executive Secretary
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Garner, NC 27529

goddard920@gmail.com

2018 CONTINUING EDUCATION REPORTING FORM

Reporting Period April 1, 2017 to March 31, 2018

CE requirements must be satisfied and NCTCA dues paid in order to maintain certification

Name: _____ Job Title: _____

Business Address: _____

Jurisdiction: _____ Phone: _____ Email: _____

Date Certified: (as stated on your certificate) _____

Type of Certification (check one): Tax Collector Deputy Assistant

CONTINUING EDUCATION PROGRAMS/COURSES

Name of Course	Date(s) Attended	Hours of Instruction	Location	Subject Covered
			My Hours:	<i>Example:</i>
Total number of hours carried forward from 2016-2017 (maximum 10) (If applicable)				4
Total number of CE hours acquired in 2017-2018 (CE hours earned April 1, 2017 to March 31, 2018)				8
Total number of CE hours needed for 2017-2018 (5 CE hrs for Assistant or Deputy - 10 CE hrs for Tax Collector)				10
Total number of CE hours to carryover to 2018-2019 (maximum 10)				2

(Initial): _____ I certify that I did in fact attend the above-listed continuing education activities for the number of hours indicated.

Or (Initial): _____ I certify that I am not subject to continuing education requirements for the 2017-2018 reporting year because I received certification during this reporting year (April 1, 2017 to March 31, 2018).

Signature: _____

Date: _____