

ON OR BEFORE June 1, 2019 RETURN THIS FORM BY MAIL OR EMAIL TO:

Pat Goddard
NCTCA Executive Secretary
65 Glen Road, Box 246
Garner, NC 27529

goddard920@gmail.com

2019 CONTINUING EDUCATION REPORTING FORM

Reporting Period April 1, 2018 to March 31, 2019

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	
			My Hours:	Example:
Total number of hours carried forward from 2017-2018 (maximum 10) (If applicable)				4
Total number of CE hours acquired in 2018-2019 (CE hours earned April 1, 2018 to March 31, 2019)				8
Total number of CE hours needed for 2018-2019 (5 CE hrs for Assistant or Deputy - 10 CE hrs for Tax Collector)				10
Total number of CE hours to carryover to 2019-2020 (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 2018-2019 reporting year because I received certification during this reporting year (April 1, 2018 to March 31, 2019).

(Initial): _____ I certify that jurisdictional dues for my taxing jurisdiction have been paid for the period of April 1, 2018 to March 31, 2019 (verify with your finance officer or tax collector).

Signature: _____

Date: _____

Print Name: _____