

ON OR BEFORE June 1, 2017 RETURN THIS FORM TO:

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

2017 Tax Collectors CONTINUING EDUCATION REPORT FORM
(April 1, 2016 to March 31, 2017)

This form must be completed in order to maintain certification

Name: _____

Business Address: _____

County or Municipality: _____ Job Title: _____

Email Address: _____

Telephone Number: _____

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	Subjects Covered
	-			
	-			
	-			
	-			

** Place does not need to be listed in order to claim credits for attendance at a Conference*

Total number of hours carried over from 2015-2016 if known (You may <i>not</i> have previously reported carryover hrs for credit)	
Total number of CE hours acquired in 2016-2017 (April 1, 2016 to March 31, 2017)	
Total number of CE hours to carryover to 2017-2018	

(Please check one and sign below)

I certify that I did in fact attend, for the number of hours indicated, the above-listed continuing education activities.

I certify that I am not subject to continuing education requirements for the 2016 - 2017 Reporting Year because I was certified during this Reporting Year (April 1, 2016 to March 31, 2017).

Signature _____

Date _____