

OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC. CFM® RENEWAL FORM

Please complete & sign this form. Enclose a check, money order or purchase order in the amount of \$25.00 & return to: OFMA

PO Box 8101 Tulsa, OK 74101-8101

1.	Name:							
	(Last)		(First)		(Middle)			
2.	Are you a current r	nember of OFMA?	Yes N	lo (Please Ma	rk One)			
3.	Provide your current CFM® number and original date of certification: Original Certification Date:							
					Certifi	cation No.:		
4.	How many CECs die	ow many CECs did you earn this current OFMA year, October 1, 2019-September 30, 2020?						
5.	How many CECs die	ow many CECs did you earn the past OFMA training year, October 1, 2018-September 30, 2019?						
6.	Have you taken and two-year CEC cycle	y core or parallel flo ?	odplain manageme	nt courses not p	reapproved by 0	OFMA during	this past	
7.	Has there been a change in your employment status? Yes No							
8.	Please verify work and home information. If there has been a change of address, telephone number or email.							
	Home Address:			Work Address:	:			
		City Sta	te Zip		City	State	Zip	
	Home Phone:			Work Phone:				
	Email:						_	
	I verify the information provided above is correct and that I uphold the CFM® Code of Ethics in all that I do.							
	Signature:			Date	e:			
	FOR PDCC OFFICIAL USE ONLY: (CIRCLE ONE) RENEW DISAPPROVE							
	Signature of Review	ver:				Date:		