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 member of OFMA?  ___ Yes  ___ No  (Please Mark One)

3. Provide your current CFM® number and original date of certification:  
   Original Certification Date: ____________________________  
   Certification No.: ____________________________

4. How many CECs did you earn this current OFMA year, October 1, 2019-September 30, 2020? ____________

5. How many CECs did you earn the past OFMA training year, October 1, 2018-September 30, 2019? ____________

6. Have you taken any core or parallel floodplain management courses not preapproved by OFMA during this past two-year CEC cycle?  
   ___________________________________________________________________________

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  State  Zip  City  State  Zip
   Home Phone: ___________________________  Work Phone: ___________________________
   ___________________________
   ___________________________
   Email: ____________________________________________   Work Phone: ___________________________
   ___________________________

   I verify the information provided above is correct and that I uphold the CFM® Code of Ethics in all that I do.  
   Signature: ___________________________________  Date: __________________________

FOR PDCC OFFICIAL USE ONLY:  
(CIRCLE ONE)  RENEW  DISAPPROVE

Signature of Reviewer: ___________________________________  Date: ________________