



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 \$50.00 & 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, 2025 - September 30, 2026 _____

5. How many CECs did you earn the past OFMA training year, October 1, 2024 - September 30, 2025 _____

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: _____

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: _____