



**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: \_\_\_\_\_