



Maintaining Your HR Certification

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____ Fax: _____

Email: _____

Name of Class Attended: _____

Dates Attended: _____

Please check one:

- I have already completed this class. Upcoming class will submit form upon completion.

Please select training provider:

- Drummond/Woodsum/McGee NNAHRA Other

If other is designated please include a course description, outline and proof of attendance (e.g., certificate)

Please email the completed form to NNAHRA@nnahra.org