





## **Maintaining Your HR Certification**

Name		<del></del>
Title		
Organization		
Address		
City State	Zip	
Phone	Email	
Name of Class Attended		
Dates Attended:		
Check one:I have already completed this class		_This is an upcoming class that I am enrolled in. I will re-submit this form upon class completion.
Certification:   THRP I THRP II  Training Provider:	□ TMP □ TAP	
□ Drummond/Woodsum/McGee □ Personnel Security Consultants, or,		
□ Other - Please include a course desc	ription, course outline an	d proof of attendance (e.g., certificate)
		oved training within 24 months of re/certification. Acceptage Acce

Please email this form to <a href="mailto:info@nnahra.org">info@nnahra.org</a>



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