



**Continuing Education Program  
Reporting Form for Membership  
Reinstatement/Revalidation of Expired Exams**

**MEMBER INFORMATION:**

ASPPA Member Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**ASPPA SPONSORED CREDITS:**

| ASPPA Program        | Date | Major Topic | Length of Program | Requested CE Credits |
|----------------------|------|-------------|-------------------|----------------------|
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
| <b>Total Credits</b> |      |             |                   |                      |

**NON-ASPPA SPONSORED EVENTS:**

| ASPPA Program        | Date | Major Topic | Length of Program | Requested CE Credits |
|----------------------|------|-------------|-------------------|----------------------|
|                      |      |             |                   |                      |
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|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
|                      |      |             |                   |                      |
| <b>Total Credits</b> |      |             |                   |                      |

Total Credits in All Sections: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All reinstatement applications should be submitted with a CE Reporting Form documenting 40 CE credits (including 2 in Ethics/Professionalism) earned within the 24-month period preceding the submission of the reinstatement application. Please attach this document to the Membership Reinstatement Application and send via fax to ASPPA Customer Support at 703.516.9308 or e-mail to [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org). If additional space is needed to report more credits, you may attach a separate sheet to this form.