

**National Association of Housing Counselors and Agencies, Inc.
Continuing Education Units Form**

CATEGORY	PRESENTER/FACILITATOR ORGANIZATION	COURSE NAME	COURSE DATE	CERTIFICATE Y or N	NAHCA ONLY	
					CURRICULUM	CEU HRS
Pre-purchase						
Tenancy						
Mortgage Default						
Reverse Mortgage						
Fair Housing						
Post-Occupancy						
Other:						

MEMBER INFORMATION:	NOTES:
Name: _____	<p>This form is to assist you to record your Continuing Education Units (CEUs) - 36 CEUs are required to maintain your certification. All courses should be recorded and submitted to: NAHCA, Attn: Bernice Powell 220 I Street N.E, Suite 130 Washington, D.C. 20002, along with a copy of your course certificate and a copy of the curriculum covered. . CEUs will be credited for courses not already assigned CEUs and you will be notified of the credits. Only courses that pertain to housing or housing-related topics will be considered.</p>
Address: _____	
Organization: _____	
Telephone: _____	
Date: _____	