

# CWS® Continuing Education Submission Form

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

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

<b>Course Attendance Credits</b>					
Date(s) Attended	Program Title	Program Sponsor	Program City & State	Attach- ments	Credits (internal)
<b>Attendance Credits Total</b>					

<b>CE Credit Grand Total</b> (must equal 30 general and 3 ethics credits)	
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I attest that all statements in this report are complete and accurate.

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

*I attest that I have not been involved in any complaints or criminal, civil, self regulatory organization or government agency disciplinary actions (in the past two years) and to the best of my knowledge no complaints are about to be filed.*

Agree  Disagree

If you checked "Disagree" above, please submit a written summary of the incident(s) along with this form. If you have previously disclosed the incident(s) to CWS Board of Standards on a former application or CE submittal form and there is nothing new to report, you may check "Agree".

**Incident Summary:**

**Signature:** \*(Type Full Name Here)  **Signature Date:** \*

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Return this form along with \$25 processing fee and any supporting documentation by December 31<sup>st</sup> at the end of your two-year CE cycle to: CWS CE Coordinator, Laurie Frye

Fax Number: (706) 353-3994

Mail: Cannon Financial Institute, c/o CWS CE, 649-4 S. Milledge, Athens GA 30606

You can pay the \$25 processing fee as follows:

- Check enclosed: make check payable to *Cannon Financial Institute/memo: CWS CE Credits*
- Credit card

\_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Name on Card:

Card Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

CVV Code:

Card Billing Address:

City/State/Zip Same:

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

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