

FLORIDA EDUCATIONAL RISK MANAGEMENT ASSOCIATION

OUTSIDE EDUCATION CREDIT FORM

MEMBER NAME: _____

EDUCATION ATTENDED: _____

SUBJECT: _____

DATE OF EDUCATION: _____

INSTRUCTOR'S NAME: _____

INSTRUCTOR'S SIGNATURE: _____
(OR PROOF OF ATTENDANCE BY COPY OF AGENDA, TEMPORARY DUTY FORM OR LEAVE FORM.)

NUMBER OF HOURS ATTENDED: _____ NUMBER OF HOURS CREDIT REQUESTED: _____

FERMA MEMBERS'S SIGNATURE: _____

NOTE: Attach a copy of agenda of the meeting attended if one was available. One credit equals one hour of instruction time. Rounding of time upward only if the partial hour is more than 45 minutes.

APPROVAL

APPROVED YES OR NO: _____

If approval is not granted

why? _____

SIGNATURE OF CERTIFICATION CHAIRPERSON: _____

DATE: _____

AMOUNT OF CREDIT APPROVED: _____ AREA OF CREDIT: _____

OUTSIDE EDUCATION CREDIT

- | | | |
|----|--|-----------|
| A. | Emergency Response & Crisis Management | 4 Credits |
| B. | Employee Benefits | 4 Credits |
| C. | Health & Wellness | 6 Credits |
| D. | Principals & Financial Controls | 6 Credits |
| E. | Property & Casualty | 5 Credits |
| F. | Safety & Occupational health | 4 Credits |
| G. | Workers Compensation | 5 Credits |

SUBMIT ONE (1) FORM FOR EACH HOURS OF CREDIT REQUESTED
YOU MAY ATTACH MORE THAN ONE FORM TO AN AGENDA IF MORE THAN ONE AREA OF CREDIT IS REQUESTED.