FLORIDA GOVERNMENT FINANCE OFFICERS ASSOCIATION
CERTIFIED GOVERNMENT FINANCE OFFICER PROGRAM
Continuing Professional Education Reporting Form

Name_____ CGFO #_____ For the three year period ending June 30_____

Date	**Sponsor**	**Session**	**Hours** A&A	**Hours** TB	**Hours** Behavioral	**Hours** Instructor	**Hours** Professional Involvement	**TOTAL**
		TOTAL THIS PAGE						
		TOTAL OTHER PAGES						
		GRAND TOTAL OF ALL PAGES						

I certify that the above information is true and correct in accordance with Florida Government Finance Officers Association rules.

Signed_____ Governmental Unit/Relationship_____