

Certified Public Works Manager

RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL APPLICATION

Part I: Please complete the following contact information:

Name:	CPWM No.	Exp. Date
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Address of Record:

Home Phone:	Work Phone:	E-Mail of record:
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IMPORTANT – Please note that the address and email you provide will be entered into the Division database as your **ADDRESS/E-MAIL OF RECORD**. Such address and email may then be provided to any member of the public who requests it. Therefore, if you do not wish your home address or email to be your address/email of record, please provide an alternative address and email. Your address of record must include a street address. **Please notify the Division of any future changes to your address/e-mail of record.**

Part II: As you complete an approved course for continuing education contact hours, fill in each row as appropriate. List the number of approved hours in the appropriate subject column.

Course No.	Course Date	Course Name	Course Sponsor	Technical	Management	Government	Ethics	Information Technology

CONTINUE ON NEXT PAGE

As you complete an approved seminar for continuing education contact hours, fill in each row as appropriate. List the number of approved hours in the appropriate subject column.

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Renewal requires completion of 20 contact hours of continuing education credits. Applicants for renewal must obtain a minimum of three (3) contact hours in "Ethics", "Management" and "Government" and five (5) contact hours in "Technical". "Information Technology" is an optional category.

Part III: Certification of Attendance:

I, _____, CPWM # _____ certify that I have
PRINT NAME

attended the educational programs noted above which are required for the renewal of my certified public works manager certificate. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division of Local Government Services may request proof of my attendance at the above seminars anytime within six (6) months after the renewal date of my certification.

Signature: _____ Date: _____

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for \$50.00 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. If you have any questions concerning completion of the application, please contact the Division of Local Government Services at (609) 292-4656 or at DLGS.Certification@dca.state.nj.us.

APPLICATIONS SUBMITTED AFTER THE EXPIRATION DATE REQUIRE AN ADDITIONAL \$50.00