

NATIONAL ASSOCIATION OF PARLIAMENTARIANS®

Professional Renewal

Courses/Modules

Reporting Form

Submit Completed Forms to: cocrenewals@nap2.org

NAME:

Six-year Reporting Period ending: 12/31/2024 or 12/31/2025

Instructions: Complete this form, indicating that during your current credentialing period **you have fulfilled this requirement in one of the following four ways:** 1) successfully completing the in-person or virtual Professional Renewal Course, 2) facilitating an in-person or virtual Professional Renewal or Professional Qualifying Course, 3) successfully completing or facilitating a combined total of seven Professional Renewal modules, the five required (marked with an asterisk), and two electives, in-person or online, or 4) I have completed 15 CEUs including two Code of Professional Responsibility. Check the appropriate box(es) below or successfully complete 15 CEUs two of which are Professional Responsibilities.

Fulfillment of this requirement may NOT be applied toward a future six-year reporting period.

Professional Courses


- Completed: The in-person/virtual Professional Renewal Certification Dates:
Location:
- Facilitated: The in-person/virtual Professional Renewal Certification Dates:
Location:
- Facilitated: The in-person/virtual Professional Qualifying Certification Dates:
Location:
- Served on the Professional Development Committee Dates:
- 15 Continuing Education Units (CEUs) including two Professional Responsibility

NOTE: The September 2023 PRC or individual modules successfully completed may be used as CEUs for the 2024-2025 CEU accrual period. This includes PRPs with a former expiration date of December 2024, 2025, 2026, and 2027.

Individual Modules

Record individual modules you have successfully completed or facilitated during this credentialing period. Note the dates and fill in the location for any modules completed in-person or online.

Each module can only be counted once.

| Individual Modules | Successfully Completed | Facilitated | Date |
|---|--------------------------|--------------------------|------|
| <input type="checkbox"/> Doing Business as a Professional Parliamentarian <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> * Professional Responsibility (formerly Ethics)  <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> * Governing Documents <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> * Writing Parliamentary Opinions <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Script Writing <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> * Serving as a Meeting Parliamentarian <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Serving as a Presiding Officer <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> * Interactive Teaching RONR (formerly Teaching RONR) <input type="checkbox"/> Online <input type="checkbox"/> In-Person Location: _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____

Home

Work

Cell

E-Mail Address _____

CERTIFICATION: I attest that I have completed, during my current six-year period, all of the professional renewal activities that are claimed on this form. I understand that this report is subject to audit by the Commission on Credentialing and that the committee may disallow activities, which in its judgment are not supported by appropriate documentation. I agree to provide the Commission on Credentialing documentation or verification as the committee may request.

Signature _____ Date _____