



**Certification Program  
Continuing Education Form**

\_\_\_\_\_  
(name of student)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(name of continuing education class/course)

\_\_\_\_\_  
(number of hours of continuing education class/course)

\_\_\_\_\_  
(date of continuing education)

\_\_\_\_\_  
(organization providing continuing education)

\_\_\_\_\_  
(contact information for verification)

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Submit this form to Sheshunoff via fax or mail for review.

**Fax #:** 888-705-3322.

**Address:**

Sheshunoff Information Services c/o  
BSA Certification Committee  
807 Las Cimas Pkwy,  
Suite 300 Austin, TX 78750.