CONTINUING EDUCATION POINTS TRACKER

CFRE International has developed this form as a way for you to quickly track (and keep in your files!) the continuing education sessions you have attended. Simply check the boxes next to the sessions you attended. At the end of the conference, add up the total number of hours. Keep this sheet and you will be ready to complete your application form. All of the session slots listed are eligible for continuing education points on your CFRE application for initial certification and/or recertification. Sessions not listed here are not eligible for points.

Activity Organizer: - **[Organizer's Name]**
Title of Activity: - **[Event Title]**
Names of Presenter(s): - **Various**
Dates and Location: - **[Day Month, 2024 – City, State Country]**

Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
☐ - [Session Title]
☐ - [Session Title]
☐ - [Session Title]

Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
☐ - [Session Title]
☐ - [Session Title]
☐ - [Session Title]

Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
☐ - [Session Title]
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Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
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[Session Title]
[Session Title]

Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
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Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
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Date: Day Month, 2024
Session 1: 0:00 [am/pm] – 0:00 [am/pm] (0.0 pts)
☐ - [Session Title]
☐ - [Session Title]
☐ - [Session Title]

Courses Marked **NFR** (Non Fundraising Related) may be counted towards the 10 point maximum of NFR Courses on the initial CFRE application and the 5 point maximum on the re-certification application.

Find more **CFRE approved** continuing education opportunities on **My Education Finder**:
http://www.cfre.org/continuing-education/my-education-finder/

☐ - [Session Title]

Total number of points attained: _____