

IOMA/TAPN Accounts Payable Certification Programs CEU Request Form



Please complete the information below.

Name: _____ Certification #: _____

Exact Job Title: _____ Department: _____

Current Employer: _____

Street or PO Box Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Business Phone: _____

Email Address: _____

By submitting this information, I grant The Accounts Payable Network, IOMA, and The Accounts Payable Certification Programs permission to contact me.

CEU Activity: _____

Date: _____ Location: _____

Sponsor/Provider: _____

Description (attach supporting documentation—e.g. receipts, course schedule, agendas, programs—any third party documentation showing a) the topics covered and b) the number of hours spent in this activity):

Signature of Applicant

Date

Manager's Signature

Date

Submit this Request Form to Accounts Payable Certification Programs, Mary C. Arnold, The Accounts Payable Network, 2100 RiverEdge Parkway, Suite 380; Atlanta, GA 30328, via email to marnold@TheAPNetwork.com or via FAX to 770-984-1174.

For Office Use Only:

CEUs Approved _____ Units _____
Initial

THE
Accounts Payable
NETWORK