Chimney Safety Institute of America
Continuing Education Recertification Program

Recertification Candidate's Record

Name _____

Company _____ Phone ( ) _____

Address _____ FAX ( ) _____

City, State, ZIP _____

Email Address _____

Course Date	Course Name	Sponsor	Credits Earned				
			Technical	Codes & Standards	Comm. Liability	Health & Safety	Business
Totals from this side							

Course Date	Course Name	Sponsor	Credits Earned				
			Technical	Codes & Standards	Comm. & Liability	Health & Safety	Business
Total From This Side							
+ Total From Other Side							
TOTAL CREDITS NEEDED - 48							
TOTAL NUMBER OF REQUIRED CEUS PLUS 12 ADDITIONAL CEUS IN ANY CATEGORY			**12**	**12**	**6**	**6**	**Elective**