NACSW/CNWI™
Continuing Education Credits

Office use only:
Process date:_____
Total approved CEU's: _____
Next due date: _____

CNWI Name: _____ Email: _____
Date of Certification: _____ Submission Date: _____

DATE	TITLE/DESCRIPTION	HOST & LOCATION	SPEAKER	Applied CEU's (to be filled out by office)	Signature of Host or Speaker

Email (preferred) to: ceu@nacsw.net or
Mail to: NACSW, Education Department, 17216 Saticoy St.#350, Lake Balboa, 91406
Use this form to list and have signed off all non-K9 Nose Work events in which a pre-prepared form is available. You can all list all events on this form for easier processing. All supporting and required material must be submitted with this form

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