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## CONTINUING EDUCATION REPORTING FORM

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Certified Professional  
Disability Management



Workers' Compensation  
Claim Professional



Certified Case  
Management Professional

Name of Workshop or Class: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Program Hours: \_\_\_\_\_

(Designation renewal requires 6 hours per calendar year. You can earn a maximum of 12 hours per year, with 6 hours carrying over into the next renewal year)

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Employer Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_



Mail or Fax form to:

IEA . 725 Town and Country Road . Suite 430 . Orange . CA . 92868  
Fax: 714.689.0112