COCTP Recertification Request Form

1. Complete this form in its entirety. All fields are required.

2. REQUIRED: You must attach a copy of the program brochure, outline, and/or agenda.

Acceptable Documentation Examples include:

        a. Certificate of Completion/Attendance   b. Program or agenda

        c. Receipt of registration fee payment   d. Confirmation email of registration

        e. Course handout   f. Copy of course PowerPoint presentation

1. Submit this form and required supporting documentation to ctas.support@tennessee.edu .

2. You will receive notification by email when it's been added or if more information is needed.

Requester Information

Name:_____

Title or County Office/Department: _____

County:_____ Phone Number: _____

Email Address: _____

Training Details

Fiscal Year: _____ Sponsoring Organization: _____

Title of Program: _____

Number of Instructional Hours: _____ Program Dates: _____

Program Location: _____

Instructor/Presenter: _____

Program Contact Name: _____

Program Contact Phone: _____

Description of Activity, Content/Event: _____

_____

_____

PLEASE REMEMBER TO INCLUDE DOCUMENTATION AS STATED ABOVE.

Certify Form – By submitting this form, I hereby certify that I have attended the professional activity listed Above. Furthermore, I am aware that any misrepresentation by me may negatively affect my designation as Certified Public Administrator.

Signature: _____