

HOFFMAN ESTATES FIREFIGHTERS PENSION BOARD

1900 Hassell Road
Hoffman Estates, IL. 60169
www.hefdpension.org

CONTINUING EDUCATION FORM

TRUSTEE'S NAME: _____

TRUSTEE'S POSITION: _____

TRUSTEE STATUS: NEW OR RETURNING *(please circle one)*

ORGANIZATION HOSTING SEMINAR/MEETING: _____

DATE(S) OF ATTENDANCE: _____

CONTINUING EDUCATION HOURS EARNED: _____

TOPICS COVERED: _____

IS COPY OF CERTIFICATE ATTACHED: YES OR NO *(please circle one)*

OFFICE USE ONLY

RECEIVED BY: _____ DATE RECEIVED: _____