|  |
| --- |
| **Certified Public Works Manager** |
| RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL APPLICATION  |
| **Part I – Please complete the following contact information:** |
| Name: |       | CPWM No.:       | Exp. Date:            |
| Address of Record:  |       |
| Home Phone: |            | Work Phone: |         | E-mail of Record: |            |
| **IMPORTANT** – Please note that the address and e-mail you provide will be entered into the Division of Local Government Services (Division) database as your **ADDRESS/E-MAIL** **OF RECORD.** Such address and e-mail may then be provided to any member of the public who requests it. Therefore, if you do not wish your home address and e-mail to be your address/email of record, please provide an alternative address and e-mail. Your address of record must be a street address. **Please notify the Division of any future changes to your address/e-mail of record.**  |  Technical  | Management | Government | Ethics  | Information Technology |
| **Part II: As you complete an approved course for continuing education contact hours, fill in each row as appropriate. List the number of approved hours in the appropriate subject column.**  |  |  |  |  |  |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       | TOTAL HOURS (PAGE 1)       |       |       |       |       |       |
| CONTINUE ON THE NEXT PAGE |
| **Part II Cont.: As you complete an approved course for continuing education contact hours, fill in each row as appropriate. List the number of approved hours in the appropriate subject column. Add additional pages as necessary.** |  Technical  | Management | Government | Ethics  | Information Technology  |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
| TOTAL HOURS |       |       |       |       |       |
| Renewal requires completion of twenty (20) contact hours of continuing education contact hours. Applicants for renewal must obtain a minimum of three (3) contact hours in “Ethics”, “Management”, and “Government” and five (5) contact hours in “Technical”. “Information Technology” is an optional category.  |
| **Part III: Certification of Attendance:** |
| I,  |            | , CPWM # |            | certify that I have  |
|   | PRINT NAME |  |
| attended the educational courses noted above which are required for the renewal of my certified Public Works Manager Certificate. I understand that any willful misrepresentation on my part may be grounds for suspension or revocation of my certification. Further, I understand that the Division may request proof of my attendance at the above seminars any time within six (6) months after the renewal date of my certification. |
|  | Signature: |  | Date: |  |  |
|  |  |  |  |
| Upon completion of the continuing education requirements, please forward the application to: Department of Community Affairs, Attn: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for $50.00 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. If you have any questions concerning the completion of the application, please contact the Division at DLGS.Certification@dca.nj.gov. **APPLICATIONS SUBMITTED AFTER THE DATE OF EXPIRATION REQUIRE AN ADDITIONAL $50.00 FEE** Revised: August 2022 |