|  |
| --- |
| **Qualified Purchasing Agent – Addendum** |
| RECORD OF BANKED CONTINUING EDUCATION CONTACT HOURS |
| **Part I – Please complete the following contact information:**  |
| Name:  |       | QPA No.: |       Exp. Date:            |
| Address of Record: |       |
| Home Phone: |       | Work Phone: |          | E-Mail of Record: |            |
| **IMPORTANT** – As per Local Finance Notice (LFN) 2022-15, QPA certifications are permitted to carry over twelve and one-half (12.5\*) contact hours from their previous renewal term that was extended as per LFN 2020-13. Any contact hours to be carried over cannot have been used to satisfy the requirements of the previous renewal term. **A copy of the previous renewal must be attached**.\*QPAs renewing on or before 12/31/2022 are only permitted to carry over ten (10) contact hours.  | ProcurementProcedures | Office Administrative/General Duties | Ethics | Green Purchasing | Information Technology | Public Works Compliance |
| **Part II: List approved unused courses for continuing education contact hours to be carried over from the extended previous renewal term to the current renewal term. Fill in each row as appropriate. All requested information must be complete for the addendum to be considered.** |  |  |  |  |  |  |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |  |
|            |       |       |       |       |       |       |       |       |       |
|            |       |       |       |       |       |       |       |       |       |
|            |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
| TOTAL HOURS (PAGE 1) |            |            |            |       |       |       |
| CONTINUE ON THE NEXT PAGE |
| **Part II Cont.: List approved unused courses for continuing education contact hours to be carried over from the extended previous renewal term to the current renewal term. Fill in each row as appropriate. All requested information must be complete for the addendum to be considered.**  | ProcurementProcedures | Office Admin./General Duties | Ethics | Green Purchasing | Information Technology | Public Works Compliance |
| Course No. | Course Date | Course Name | Course Sponsor |  |  |  |  |  |  |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |       |
| TOTAL HOURS |       |       |       |       |       |       |
| **Part III – Certification of Attendance:** |
| I,  |       | , QPA # |       | certify that I have  |
|  | PRINT NAME |  |  |
| attended the educational courses noted above which are required for the renewal of my Qualified Purchasing Agent certificate. I understand that these contact hours were not used or surplus on a previous renewal application. 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 of Local Government Services (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, addendum, and previous renewal 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 $35 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. Please contact the Division at DLGS.Certification@dca.nj.gov if you have any questions concerning completion of the application. Revised: August 2022. |