**FNHPA Maintenance of Certification Record**

**FNHP Name:**

**Member Number:**

**Year:**

(*Review eligible activities and hours before completion of your record)*

|  |  |  |
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| **Activities** | **Number of Eligible Hours**  | **Supporting Information** (date, organization, etc.) |
| **Professional Development** |  |  |
| FNHPA conference |  |  |
| FNHPA on-line courses |  |  |
| FNHPA webinar |  |  |
| FNHPA workshops |  |  |
| University and college courses |  |  |
| Other courses that are deemed eligible for MOC credits by FNHPA |  |  |
| Self-directed learning from publications or on-line courses |  |  |
| **Leadership and FNHPA** |
| FNHPA board and committee service |  |  |
| Exam development, invigilating and marking |  |  |
| Course/workshop/webinar development, instruction, and marking |  |  |
| Writing and publishing |  |  |
| Serving as a FNHPA representative with an external organization |  |  |
| Guest speaker/lecturer |  |  |
| Mentoring outside normal job duties |  |  |
| **Total Number of Eligible Hours** |

By submitting this record to FNHPA you certify that you having engaged in the activity listed above.