



## FNHP Maintenance of Certification Record

**FNHP Name:**

**Member Number:**

**Year:**

<b>Activities</b> <i>(Review eligible activities and hours before completion of your record)</i>	<b>Number of Eligible Hours</b>	<b>Supporting Information</b> (date, organization, etc.)
<b>Professional Development</b>		
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		
<b>Leadership and FNHPA</b>		
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		
<b>Total Number of Eligible Hours</b>		

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

