California Escrow Association - Professional Designation Annual Continuing Education Course Verifications - PD FORM 502

Name:Designa	ations:
Mailing Address:	
City/State/Zip:	
Daytime Phone: Fax:	
E-Mail:	
Member Of What Region:	
The following credits were earned in the year:	
\$40 Administrative Fee Enclosed? (see below) Yes	No
 Return this form to: CEA Headquarters, 2520 Venture Oaks Willing Requirements: Every CEA member who holds a Professional Designation is one. By the end of the three-year cycle you must have earned 45 one. If you earn your P.D. during a cycle period, you will be required year for the BALANCE of the current cycle. There is no minimum number of credits that must be earned in the infection of the year in which is are submitted by December 31st of the year in which is a submitted after Dec	n the same three-year cycle. redits and reported same to CEA. d to obtain a minimum of 15 credits per n any one year. h they are earned, there is no fee. ch they were earned, there is a \$40
TOTAL CREDITS EARNED: Professional Designation Holder's Signature	# of credits approvedapproved byapproved
Date Signed and Submitted	date entered fee(s) paid admin. fee \$ reinstatement \$
I certify that I have taken and completed all the courses/workshops/events	ck #

I certify that I have taken and completed all the courses/workshops/events listed above and I have attached with this, each white original (signed and stamped) 501 Form as evidence of having earned credits.