



RegTraC Recertification Application

Please provide your credit union ID number. _____

Name _____

Ship to: _____

Bill to: Check box if same as "Ship to" information.

Credit Union _____

Credit Union _____

Attention _____

Attention _____

Street Address _____

Street address for billing _____

City/State/ZIP _____

City/State/ZIP _____

Phone _____

Phone _____

E-mail _____

Fax _____

Note: you only need to complete this application for self-study recertification

Completed Continuing Education

Date Credited (M/D/Y)	Program Title (Full Name of Program)	Program Sponsor (Company or Organization)	Units Requested	Units Awarded
Total Units:				

The Recertification fee is \$115 only if you recertify on your own.
There's no need to prepay; we'll bill you for the total amount of your order plus shipping, handling, and sales tax, if applicable.

Signature _____

Date _____

MAIL this to: Amy Jesse, CUNA, 5710 Mineral Point Road, Madison, WI 53705-4454
FAX it to: Amy Jesse, 608.231.4998

Questions? Contact training at 800.356.9655, ext. 4249, or by e-mail at training@cuna.coop