# ANNUAL CRP/CBA CPE Reporting Form

Print Name: _____ ID # _____

| Year | Activity Dates | Sponsor | Description | Hours | Yearly Total |
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**Total Cycle Hours**

***Report hours to the nearest hour.**

**If you need additional space, please attach additional sheets**

****Total Hours for Active CRPs should be 40 per year**

****Total Hours for Active CBAs should be 30 per year**

**** If you are reactivating you must submit the annual reactivation fee in addition to 15 cpe hours for CBAs and 20 for CRPs**

**I hereby certify completion/performance of the educational activities listed above and attest to the authenticity of these submissions.**

**Signature** _____ **Date** _____

*Please circle one or both*

**CBA CRP**

**PLEASE FAX TO: 1-800-375-5543 (or 312-683-2373) OR EMAIL TO: BAICENTER@BAI.ORG**

*****If mailing form, please mail to:*****

**BAI CENTER FOR CERTIFICATION**
**Attn: Customer Service**
**115 S LaSalle Street, Suite 3300**

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Chicago, IL 60603-3801