



**Certified Environmental Professional  
Continuing Professional Development Unit Tabulation and Maintenance Form 2007**

Fill in the appropriate boxes, provide adequate descriptions to support your renewal and provide relevant documentation. Please print clearly. Supporting documentation must accompany this form, such as a copy of the program, article, meeting announcement, etc. **Please include a business card.**

**If you are retired and would like to apply for Emeritus Status, stop here and request an emeritus status application at [office@abcep.org](mailto:office@abcep.org).**

Certification Maintenance Activity*	Description	Formula to Calculate Certification Hours	Maximum Hours	Hours Claimed
<b>Employment</b>				
<input type="checkbox"/> Full time			20	
<input type="checkbox"/> Part time		1% of hours worked	20	
<b>Support ABCEP</b>				
<input type="checkbox"/> ABCEP Trustee		hours worked	16	
<input type="checkbox"/> Certification Review Board		hours worked	16	
<input type="checkbox"/> Mentor		hours worked	16	
<input type="checkbox"/> Other		hours worked	16	
<b>Education</b>				
<input type="checkbox"/> Attend accredited seminars/course		100% of hours attended	18	
<input type="checkbox"/> Attend other conferences/seminars		50% of hours attended	12	
<b>Serve Professional Organizations</b>				
<input type="checkbox"/> Serve an Organization		hours worked	16	
<input type="checkbox"/> Publish in journal		hours worked	12	
<input type="checkbox"/> Teach course or seminar		hours worked	6	
<input type="checkbox"/> Present paper at conference		hours worked	6	
<input type="checkbox"/> Mentor		50% of hours worked	4	
<b>TOTAL</b>	(Minimum 40 hours needed per year)			

\*Activities relevant to the environmental profession and your professional development conducted during the calendar year.

**Certification:**

I \_\_\_\_\_ (your name) hereby submit this information for my certification renewal, certify that the above information is correct and that I understand and subscribe to the ABCEP Code of Ethics.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form to Nadine Jackson-Bey, c/o ABCEP  
P.O. Box 42564,  
Towson, MD 21284-2564**