

Certified Professional Builder Education Verification



Name:	Phone:			
Company:	Email:			
Address:	_ City State Zip:	City State Zip:		
To obtain your CPB designation you are required to These hours can be earned by attending or presenti your certificates proving your attendance. You do *All CE credits are a	ng educational programs rélated to he	ome-building issues but verification ma	s. Please keep a copy of	
Course Name		Date	Hours Attended	
Number of Hours (Please note, there	e is no carry-over of hours)			
-I hereby affirm that the information suppof my knowledge. I authorize the Oklaho				
-Please note that all continuing education Do not submit this form until you have continuing education.		•	which it applies.	
Signature:	Date:			