

RSP Continuing Education Reporting Form

Personal Information

Name: _____ Registrant Number: _____

E-Mail Address: _____

Business Address: _____

Business Phone: _____ Fax: _____

Sponsor Name	Course Title	Date(s) Attended	Time
Total:			

If you have reported independent study or CE otherwise not explicitly named by the RSP Board as acceptable, please include a brief description below.

By signing below I hereby agree to the following:

I understand that the Board reserves the right to independently verify the information contained above.

I certify that the foregoing representations are true and correct to the best of my knowledge and understand that misrepresentation of such information is grounds to suspend or revoke certification as a Registered Settlement Planner.

Signature of Registrant: _____ Date: _____

Please remit this form by fax, email or mail to the following location:

**Registry of Settlement Planners
Attn: Continuing Education
1800 Blankenship Rd.
Ste. 160
West Linn, OR 97068**

**Email: board@rspboard.org
Fax: 503-699-8511**