

# Certified Cadastral Specialist Continuing Education Report Form

*(A separate form must be submitted after completion for each course taken.)*

Name: \_\_\_\_\_ Certificate No. \_\_\_\_\_

Employed By: \_\_\_\_\_ County (or): \_\_\_\_\_

Course Name (or subject): \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Instructor: \_\_\_\_\_

Date(s) Attended: \_\_\_\_\_ Total Hours Attended: \_\_\_\_\_

Location (City Only): \_\_\_\_\_

Remarks:

\_\_\_\_\_

The Above described course was attended in full. If not, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Cadastral Specialist

\_\_\_\_\_  
Date

## FOR EXAMINATION COMMITTEE USE ONLY

Date Received: \_\_\_\_\_

Examination Committee Approval  Yes  No

No. of Hours Granted \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_  
Committee Member

RETURN TO: EDUCATION DIRECTOR  
COUNTY SUPPORT DIVISION  
IDAHO STATE TAX COMMISSION  
P.O. BOX 36  
BOISE, IDAHO 83722-0320