

**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**