Refrigeration Service Engineers Society
Member Submittal of Continuing Education for CEH

Member Name: _____ DATE: _____

Address 1: _____

Address 2: _____ Member ID: _____

City: _____ Chapter #: _____

State/Province _____

ZIP/Postal Code: _____ I am a: CM ◯

Country: _____ CMS ◯

Phone #: _____ SM ◯

Email: _____

Certification Date:* _____

Recertification Date: _____

** All CM/CMS/SM members who earned certification prior to 1/1/2013 use 1/1/2013 as "Certification Date."*

I hereby submit the following training/education activities for acceptance towards my continuing education requirements, and attest that all information is correct and true to the best of my knowledge.

[CM continuing education requirement = 60 Hours within 5 years of original certification or recertification date]

[CMS/SM continuing education requirement = 90 Hours within 5 years of original certification or recertification date]

** MEMBER SIGNATURE REQUIRED:	

Authorized Training Group	Course #	CEHs	Proof Attached	Program Date	Program Title

Send completed forms to: **MAIL:** RSES, Attn: CEH Records, 1911 Rohlwing Road, Suite A, Rolling Meadows, IL 60008-1397

FAX: 847-297-5038 **EMAIL:** cehrecords@rses.org