



# CE Transcript Request Form

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Web address: [www.pof.org](http://www.pof.org)  
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**Check the box that applies:**

- Free** for current POF Member
- Standard charge - \$15 per transcript request

Name \_\_\_\_\_ License # \_\_\_\_\_

Quantity \_\_\_\_\_ Check enclosed \_\_\_\_\_

Credit Card:     Visa         MasterCard     AmEx     Discover

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

I agree to pay above total amount according to card issuer

Name as is appears on card: \_\_\_\_\_

Date \_\_\_\_\_

Please send me a copy my **POF** C.E. transcript to one of the following addresses:

**Choose ONE:**

1) Email    \_\_\_\_\_ @ \_\_\_\_\_

2) Fax:    \_\_\_\_\_

3) US Mail:    Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*I understand that the CE hours on this transcript will only be those earned at POF sponsored events. POF cannot add other CE provider information into my record. I should contact other provider directly for my CE credit information earn with them.*

*I also understand that any CEs earned at any educational event may not show on my transcript for at least 45 days after the event.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For POF Use:</b>  Ref# _____ Date: _____ Method: _____</p>
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