

CEU QUALIFICATION EVALUATION



The Loss Prevention Foundation
 LPC Recertification – (Your Last Name)
 700 Matthews Mint Hill Road, Suite C
 Matthews, NC 28105
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Information:
 The LPF publishes all recertification information on our website:
www.losspreventionfoundation.org
 If you have any questions, contact us at: **(585) 924-3247**

CREDENTIAL HOLDER INFORMATION

*Name: _____

*Primary Email: _____

Phone: () _____

ACTIVITY UNDER CEU EVALUATION (FILL ALL THAT APPLY)

Desired Activity: _____

[Yes / No] Includes Independent Proficiency Exam or Test

[Yes / No] Agenda/Schedule attached or at below web address.

Description: _____

Web Address for more Information: <http://www.>_____

[] Singular Activity [] Repeated Activity How Often: _____

Activity Start: mm/dd/yy

Time: hh/mm AM / PM

Activity End: mm/dd/yy

Time: hh/mm AM / PM

[Yes / No] Meal Breaks Length? _____

Street Address: _____

City: _____

State: _____

ZIP Code: _____

PARTICIPATION AND INVOLVEMENT

Certificant Role: [] Presenter [] Attendee/Student [] Committee Member [] Leadership Team

Extent of Involvement: _____

APPLICABLE SUBJECT MATTER

[] Retail Loss Prevention

[] Retail Business

[] Logistics

[] Risk Management

[] Safety

[] Human Communications

[] Litigation

[] Information Security

[] Human Resources

[] Operational Security

[] Physical Security

[] Ethics

[] Interview/Interrogation

[] Forensics

[] Labor Relations

[] Other: _____

TOPIC FOUND IN WHICH LPC COURSE MODULE (WWW.LOSSPREVENTIONFOUNDATION.ORG/INFORMATION_LPCERTIFIED.HTML)

[] Leadership Principles

[] Business Principals

[] LP Operations

[] Safety & Risk Management

[] Crisis Management

[] Supply Chain Security

INSTRUCTIONS

In order to have your event, activity, webinar, conference, etc. properly evaluated for CEU credit, please provide as much outside, cooperative information as possible; such as brochures, agendas, slides, handouts, announcements, charters, audience description, length of presentation, first presentation date, certificant's duties and participation, roles, etc.

. Make sure to keep a copy of this submission for your records.

. When finished, please mail, fax or email everything to the Loss Prevention Foundation (refer to top of first page).

AUTHENTICATION

I certify that the information I submitted herein is true and accurate, to the best of my knowledge.

Printed Name of Credential Holder: _____

Signature of Credential Holder: _____

Date: _____