

## CFEP Re-Credentialing Form

NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

- 1) I would like to be re-credentialed as an examiner in the Child/ Family Evaluation Program:  
\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Comments:

- 2) Continuing Education Requirement (10 CE Units in the area of child abuse and neglect):

**A—Conference/Workshop Option**

| <u>Title</u> | <u>Date</u> | <u># of CE Units</u> |
|--------------|-------------|----------------------|
|--------------|-------------|----------------------|

**B—CFEP Course-pak Option** (available from CFEP office)

| <u>Date Completed</u> | <u># of CE Units (6)</u> |
|-----------------------|--------------------------|
|-----------------------|--------------------------|

**C—CFEP Suggested Book Reading List Option**

| <u>Book Title</u> | <u># of CE Units (7 per book)</u> |
|-------------------|-----------------------------------|
|-------------------|-----------------------------------|

**D—On-line/Home Study CE Program Option**

| <u>Title</u> | <u>Date</u> | <u># of CE Units</u> |
|--------------|-------------|----------------------|
|--------------|-------------|----------------------|

**E—NC Regional Training Center Option**

| <u>Center</u> | <u>Date</u> | <u># of CE Units (3 per Half Day)</u> |
|---------------|-------------|---------------------------------------|
|---------------|-------------|---------------------------------------|

**F—Peer Consultation Option**

| <u>CFEP Case Name</u> | <u>Consultant or Consultee Role?</u> | <u># of CE Units</u> |
|-----------------------|--------------------------------------|----------------------|
|-----------------------|--------------------------------------|----------------------|

1) Number of CFEP evaluations since last credentialing:

\_\_\_\_\_ Completed  
\_\_\_\_\_ Currently in progress

2) Training interests:

3) Comments or feedback about CFE Program:

I certify that the information above is correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please mail or fax this form to:

N.C. Child/Family Evaluation Program Dept.  
of Pediatrics  
C.B. # 3415  
Chapel Hill, NC 27599-3415

Fax: 919-843-9368

Revised 3/13/07