**Certified Financial Aid Administrator® (CFAA) Program**

**Leadership, Engagement and Recognition Confirmation Form**

Name of FAAC®: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recertification Activity (indicate all that apply):

* Elected leadership service at state/regional level (10 RPs/year)

Position:

Dates of service:

* Committee or Task force appointment at the state/regional level (3 RPs/year)

Appointment:

Dates of service:

* Awards or personal recognition at the state/regional level (5 RPs/award)

Award/recognition:

Date awarded:

Signature of Association President or Authorized Designee:

 \_\_

*Please have the FAAC® upload this form as documentation for each*

*related recertification activity within the* [*certification dashboard*](http://nasfaa.org/certification_dashboard)*.*