



**CITY OF SAINT PAUL  
TRUTH IN SALE OF HOUSING PROGRAM  
CONTINUING EDUCATION CREDIT REQUEST**

Evaluator Name: \_\_\_\_\_

Class/Lecture/Seminar/Meeting Attended:

\_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

(you must submit this request within 30 days of the finish of the qualifying event)

Sponsored by: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor/Speaker(s): \_\_\_\_\_

Relevance to the Truth-in-Sale of Housing program in Saint Paul:

I completed this continuing education event and request  hours of credit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Hours Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Hours Denied: \_\_\_\_\_ Reason: \_\_\_\_\_