

**SFI Approved Elective Pre-Approval Form
(Individual)**

Please return to

FISTA
Attn: Approved Elective Request
P.O. BOX 714
Rhineland, WI 54501
Fax: 715.282.7987

Please complete the following information:

Name of Event: _____

Date of Event: _____

Hosting Company Name: _____

Attendee Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

The following information must be included to process application for credit approval:

Course Information:

- Agenda
- Host of Course, Conference or Workshop (If not included on the Agenda)
- Contact information for the host of the course (If not included on the Agenda)

Are you requesting this training be approved for anyone other than yourself? Yes No

Please allow 30 days for pre-approval of this course. If this training is approved for credit you will receive a proof of attendance verification form to be completed at the training and returned with the external training credit fee of \$35/person. The course will then be recorded on your training record. Please contact FISTA at 1.800.551.2656 with questions about this form or the credit approval process.