



RUTGERS

Office of Continuing Professional Education
New Jersey Agricultural Experiment Station
Rutgers, The State University of New Jersey
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Recertification Tracking Form
New Jersey Certified Recycling Professionals
for the Period January 1, 2025 through December 31, 2026

All Certified Recycling Professionals (CRP's) must complete a total of twenty (20) credits (hours) of recertification credits over a two (2) year period. Of this total, a minimum of six (6) must be classroom or course-based training; the remaining fourteen (14) hours can be earned through pre-approved meetings, conferences or other technical training. It is your responsibility to maintain a record of the courses you attend and forward that information to the Rutgers/New Jersey Agricultural Experiment Station Office of Continuing Professional Education (OCPE) when you have fulfilled the requirements for recertification. The form must be returned to OCPE within one (1) month of the end of the recertification period to document recertification efforts during the prior two years.

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

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

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

County: \_\_\_\_\_

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

(Please note if new) \_\_\_\_\_

The following summarizes the recertification credits I earned during the period ending December 31, 2026. I understand that if the credits were offered through an institution OTHER than the New Jersey Agricultural Experiment Station Office of Continuing Professional Education or the Association of New Jersey Recyclers (ANJR) they must be pre-approved for credit applicability. EXCEPTIONS OR POST EVENT APPROVALS WILL NOT BE GRANTED. For non-OCPE or non-ANJR events, please enclose a course schedule or syllabus and proof of attendance (including contact name and number for verification). Please note: for webinars or other web-based events, proof of login OR an attendance certificate provided by the sponsoring organization must be provided. Contact Pam Mayer (pspring@njaes.rutgers.edu or (848) 932-7436) for event approval information and procedures.

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

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



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Event Title \_\_\_\_\_

Event Date \_\_\_\_\_

Event Sponsor \_\_\_\_\_

# of Classroom Training Hours + # of Non-Classroom Training Hours = Total # of Hours

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

Event Title \_\_\_\_\_

Event Date \_\_\_\_\_

Event Sponsor \_\_\_\_\_

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