

Insert OMB # here

OMB 0960-0699

SSA Non-Attorney Representative Direct Payment Demonstration Project

Name:
Work Phone:
Home Phone:
Email:

Address:
City/State/Zip:

In order to receive Direct Pay, the address you provide on this screen must match the address that is reflected on your 1696. If the address you provide on this screen is not the same as the address you provide to SSA on your 1696, you must provide your 1696 address [here](#).

[Update your contact information](#)

[Update your 1696 information](#)

[Update Your Continuing Education Information](#)

[Update your insurance information](#)

Your Annual Affirmations were
completed 8/24/2007 10:16:11 AM

[Review or Update Your Annual Affirmations](#)

**Please read ALL questions on the Affirmations
Worksheet CAREFULLY before answering.**

SSA Non-Attorney Representative Representative Direct Payment Project

Continuing Education

In order to maintain your eligibility to participate in the demonstration project, you must meet certain continuing education (CE) requirements. Click [here](#) for more information about the CE requirements. You can report your CE courses to us via this website. If you have any questions about the information required on this website, or prefer to mail your CE information to us, click [here](#) for CPS contact information.

	Ethics/ Professional Conduct	Entitlement/Eligibility	Total (approved credit)
Reporting Period (7/1/2005 - 12/31/2006)	1.50	15.75	17.25
Show claimed courses			
Add A Claim			

	Ethics/ Professional Conduct	Entitlement/Eligibility	Total (approved credit)
Reporting Period (1/1/2007 - 12/31/2008)	2.50	23.50	26.00
Show claimed courses			
Add A Claim			

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Instructions

Continuing Education - Course Information

Approvals

Course Status:

Internal Notes:
(2000 max)

Notes To
Participant:
(2000 max)

Status By:

For which Continuing Education (CE) period is this course?

- The credit hours being reported are for the current CE period.
- The credit hours being reported are for a prior CE period.

Please enter the Title and Description of the course:

Title:

Description:
(Maximum
2000 Characters)

Completion Date:

Please enter the actual number of credit hours for the course. If you were the instructor, the system will calculate your approved hours.

Number of Hours:

Were you the instructor
for this course?

Did you receive a certificate?

Please indicate the course category:

- Ethics/Professional Conduct
- Entitlement to, or eligibility for, benefits under titles II and XVI of the Act;

Please indicate the type of Organization providing the course:

- Accredited College/University
- State Bar Association
- Organization Accredited by a State Bar
- Professional Organization that (in whole or in part) specializes in representing claimants before governmental agencies
- Governmental Agency

Name of College or Institution:

Name of Instructor or Contact Person:

Phone Number of Instructor or Contact Person:

Privacy Act Statement

The information requested on this form is authorized by section 303 of the Social Security Protection Act of 2004 (Public Law 108-203). The information provided will be used to further document your continued eligibility to participate in the demonstration project authorized by section 303 and receive direct payment of fees (from a claimant's past-due benefits) for your representation services. Information requested on this form is voluntary. However, if you do not provide the required information, a decision based on the evidence in your records can result in a determination that you are ineligible for direct payment of fees. While the information you furnish on this form would almost never be used for any purpose other than making a determination about your eligibility for direct payment of fees, such information may be disclosed by the Social Security Administration (SSA) for the following purposes (1) to assist SSA in determining your eligibility for direct payment of fees (2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the demonstration project administered by SSA, and (3) to comply with laws and regulations requiring the exchange of information between SSA and another agency.

Please initial indicating that you have read and understand the Privacy Act Statement:

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. ' 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 30 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED CONTINUING INFORMATION SUBMISSION FORM TO CPS HUMAN RESOURCE SERVICES. You may send comments on our time estimate above to: SSA, ~~1838 Annex Building~~, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address.

Please initial indicating that you have read and understand the Paperwork Reduction Act Statement:

Replace text with "6401 Security Blvd.,

Update Information

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OMB 0960-0737