



NAAEI Credential Program Feedback

I am providing feedback on the following Credential (Circle One):



- | | |
|---|--|
| <input type="checkbox"/> NAAEI Credential Candidate | <input type="checkbox"/> NAAEI Credential Holder |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Property Manager |
| <input type="checkbox"/> Corporate Property Management Professional | <input type="checkbox"/> Independent Rental Owner |
| <input type="checkbox"/> Maintenance Technician | <input type="checkbox"/> Other On-Site Professional |
| <input type="checkbox"/> NAA Affiliate Staff | <input type="checkbox"/> Other (Please Specify)
_____ |

Please describe your interest in the NAAEI Credential program(s):

Please provide NAAEI with your feedback on the NAAEI Credential program(s):
