Licensee Name:________________________________ **License Number:** ______________________

Use this form to document completion of the continuing education requirements. Type or print clearly.

Attach certificates for each of the courses documented below. If you claim teaching hours, attach verification (i.e. official letter from teaching institution) that includes your name, the name of the institution, and the date(s) and title(s) of the course(s) taught.

DATE OF COURSE	COURSE TITLE / DESCRIPTION	SPONSOR	APPROVED COURSE NUMBER (IF ANY)	INDICATE: Participant = P Instructor = I Author = A	CPE HOURS
COURSES TAKEN January 1, 2014 – December 31, 2015					
				TOTAL HOURS FOR REPORTING PERIOD	

I hereby certify that the information I have documented on this form is correct and true to the best of my knowledge.

SIGNED ____ **DATE** ______________