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

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

Signed ____________________________ Date ___________