Licensee Name:		License Number:			
Use this form	to document completion of the conti	inuing education requirements. T	ype or print	clearly.	
(i.e. official le	icates for each of the courses doc tter from teaching institution) that inc course(s) taught.	cumented below. If you claim tealludes your name, the name of the	aching hours e institution,	s, attach verifi and the date	cation (s) and
DATE OF COURSE	COURSE TITLE / DESCRIPTION	SPONSOR	APPROVED COURSE NUMBER (IF ANY)	INDICATE: Participant = P Instructor = I Author = A Pro Bono = F Mentoring = M Exam grader=E Reg Bd = R Officer = O	CPE HOURS
COURSES TAKEN	June 1, 2014 – May 31, 2016				
		TOTAL H	OURS FOR REP	ORTING PERIOD	
I hereby cer of my know	rtify that the information I have ledge.	documented on this form is	correct a	nd true to th	ne best
SIGNED			DATE		