

APPENDIX 2

CONTINUING EDUCATION COMPLIANCE FORM

Please type or print clearly and legibly in ink. Please submit only one compliance form for each two-year compliance period and complete every section of the form.

THIS COMPLIANCE PERIOD IS FROM: January 1, _____ - December 31, _____

SECTION I - GENERAL INFORMATION

Name: _____

City/State: _____ Zip Code: _____

Contact Numbers: _____

E-mail Address: _____

Certified Language(s): _____

SECTION II - SKILLS AND KNOWLEDGE

Please list your continuing education activities for the current compliance period. You must complete a total of 10 hours of continuing education, including 4 hours in Ethics/Skills Building activities.

Continuing Education Activities (please attach proof of attendance.)

Activity (Title)	Date(s)
Provider (Name)	Number of credits

Activity (Title)	Date(s)
Provider (Name)	Number of credits

Activity (Title)	Date(s)
Provider (Name)	Number of credits

Activity (Title)	Date(s)
Provider (Name)	Number of credits

TOTAL CREDITS: _____