

Name of Licensee

Alaska License No.



CONTINUING EDUCATION REPORTING FORM

INSTRUCTIONS: This form must be completed in its entirety and notarized at time of renewal. Failure to complete all information for credits claimed by your license expiration date and notarize this form will result in a lapse of your license.

- 1. All continuing education credits must be reported in detail (which includes names of sponsor and complete mailing address) on this form.
2. A random sample of these forms will be audited in compliance with 3 AAC 23.155.
3. At the director's request, the Continuing Education Advisory Committee will review all continuing education credits claimed.

FAILURE TO RESPOND TO COMMITTEE REQUESTS FOR DOCUMENTATION OR CLARIFICATION MAY RESULT IN THE DIRECTOR DENYING CONTINUING EDUCATION CREDITS. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS MAY RESULT IN THE SUSPENSION OR REVOCATION OF YOUR LICENSE.

Total Continuing Education required: 24

Summary of Total Hours:

- I. Education Programs/Seminars Attended
II. Correspondence or Self-Study Programs
III. Speaker, Discussion Leader or Instructor
IV. Carry Over Credits
V. Published Books and Articles

Total Credits Claimed []

I. EDUCATIONAL PROGRAMS/SEMINARS ATTENDED

Table with 8 columns: Name of Sponsor, Mailing Address of Program Sponsor, Location (City/State), Title of Program/Seminar or Description of Content, Dates of Program, Cert Avail.?, Actual Hours, Credit Hrs. Claimed

II. CORRESPONDENCE OR SELF-STUDY PROGRAMS

Table with 8 columns: Name of Sponsor, Mailing Address of Program Sponsor, Location (City/State), Title of Program/Seminar or Description of Content, Dates of Program, Cert Avail.?, Actual Hours, Credit Hrs. Claimed

III. SPEAKER, DISCUSSION LEADER OR INSTRUCTOR (Max. 8 CE credit hours)

Table with 8 columns: Name of Sponsor, Mailing Address of Program Sponsor, Location (City/State), Title of Program/Seminar or Description of Content, Dates of Program, Cert Avail.?, Actual Hours, Credit Hrs. Claimed

IV. CARRY OVER CREDITS

Table with 8 columns: Name of Sponsor, Mailing Address of Program Sponsor, Location (City/State), Title of Program/Seminar, Dates of Program, Number Credits Claimed Last Renewal, Actual Hours, Credit Claimed

V. PUBLISHED BOOKS AND ARTICLES (As previously approved by director under 3 AAC 23.135)

Table with 7 columns: Name of Publisher, Mailing Address of Publisher, Location (City/State), Title, Dates of Publication, Cert Avail.?, Credit Hrs. Claimed

Signature of Licensee

Date

NOTARIZATION

SUBSCRIBED AND SWORN to before me this ___ day of ___, 20__

(NOTARY SEAL)

Notary Public
My Commission Expires: _____