

Continuing Education Reporting Form for LBA and SCABA – 2017/2018

Name: _____ License/Certificate #: _____

Date of Licensure/Certification: _____

Total Hours Completed: _____ Total Ethics Hours Completed: _____

I attest that I have completed the hours reported on this document within the _____ reporting period and am willing to provide documentation supporting this report if audited.

Signed: _____

Type (1, 2, etc.)	Date	Event	Location	Instructor and Provider #	Title	Number of Hours	Ethics (Yes/No)
<i>Example: 2</i>	<i>10/6/17</i>	<i>LaBAA Conference</i>	<i>New Orleans, LA</i>	<i>John Smith OP-13-2368</i>	<i>ABA Best Practices</i>	<i>1.0</i>	<i>Yes</i>

For Office Use Only:

Date of Review: _____

Selected for Audit: Yes _____ No _____

Date Notice of Audit sent: _____

Audit Results:

_____ Compliance

_____ Non-Compliance

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