

### CONTINUING EDUCATION SUMMARY FORM

License/Certificate/Registration Type (check all that apply):

LCP <input type="checkbox"/>	LAP <input type="checkbox"/>	LSP <input type="checkbox"/>	LSP-Ltd. <input type="checkbox"/>	CSOTP <input type="checkbox"/>
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Name:	License/Certificate/Registration No(s):		
Email Address:	Cell Phone:	Home Phone:	Business Phone:

CE PROVIDER	DESCRIPTION OF CONTINUING EDUCATION (see regulations for allowable types)	DATE COMPLETED	HOURS COMPLETED	HOURS OF ETHICS INCLUDED

**THIS FORM SHOULD NOT BE SUBMITTED UNLESS REQUESTED BY THE BOARD.**  
If requested, submit this form and supporting documents to the contact information listed above.