

Board of Psychology Audit Department

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Board Website: www.dhp.virginia.gov/Psychology

CONTINUING EDUCATION SUMMARY FORM

License/Certificate/Registra	tion Type (check all that a	ipply):						
LCP	LAP	LSP	SP LSP-L		Ltd.		CSOTP	
Name:			License/Certificate/Regis					
Email Address:			Cell Phone:		Home Phone:		Business P	hone:
CE PROVIDER	DESCRIPTION OF CONTINUING EDUCATION (see regulations for allowable types)				DATE COMPLETED	COMPLETED E		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.