

PSCBW CPP Renewal Recertification Application

Record of Continuing Education Hours (CEHs) Completion

1. Please list a minimum of twenty (20) hours of Alcohol, Tobacco and Other Drugs (ATOD) Prevention Education AND a minimum of twenty (20) hours of General Prevention Education for a minimum of forty (40) total hours.
2. Attach a proof of attendance (i.e. official transcripts with course descriptions, official certificates/letters, single-day and multi-day individual keynotes/workshops attended for each listed training/event).
3. Keep a copy of this completed form and attachments for your records.

NAME:	CPP #:	DATE SUBMITTED:			
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript O: Other A: Affidavit	ATOD Prevention Education (20 Hours)	General Prevention Education (20 Hours)	TOTAL Hours
TOTALS: (This page)					

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Record of Continuing Education Hours (CEHs) Completion - Page 2 (if needed)

Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		CPP # :			
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript A: Affidavit O: Other	ATOD Prevention Education (20 Hours)	General Prevention (20 Hours)	TOTAL Hours
TOTALS: (This page)					



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Record of Continuing Education Hours (CEHs) Completion - Page 3 (if needed)

Use this page to continue to list additional training/other events. This form is also listed as an individual file you can download from the Forms Master List on the PSCBW website: <https://www.pscbw.com/forms-list>

NAME:		CPP #:			
Title of Training/Other Event Where CEHs Were Obtained	Dates & Locations of Training/Events	Attendance Verification C: Certificate T: Transcript A: Affidavit O: Other	ATOD Prevention Education (20 Hours)	General Prevention (20 Hours)	TOTAL Hours
TOTALS: (This page)					



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Record of Continuing Education Hours – Summary Page

NAME:			CPP #:	
PAGES	ATOD Prevention Education Hours (20 Hours)	General Prevention Education Hours (20 Hours)	TOTAL HOURS	
Totals from Page 1				
Totals From Page 2 (If applicable)				
Totals from Page 3 (If applicable)				
GRAND TOTALS (All Pages)				

I attest that I have completed all required documentation for CPP Renewal with accurate and up-to-date information. They have been uploaded to my personal folder on the PSCBW Google Drive for submission and review.

Signature: _____ Date: _____

NOTE: Refer to the instructions on how to sign in Adobe Reader on the PSCBW website at: pscbw.com/forms-list.