

PSCBW CPP Recertification Application

Record of Continuing Education Units (CEUs) Completion

1. Please photocopy or print this blank form, if you need additional pages.
2. 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.
3. Attach a proof of attendance (i.e. transcripts with course description, certificates and/or Affidavits of Attendance) for each listed training/event.
4. Keep a copy of this completed form and attachments for your records.

NAME:		CPP #:		DATE SUBMITTED:		
Title of Training/Other Event Where CEUs 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)						

PSCBW CPP Recertification Application

Record of Continuing Education Units (CEUs) 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 CEUs 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)					



PSCBW CPP Recertification Application

Record of Continuing Education Units (CEUs) 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 CEUs 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)					

PSCBW CPP Recertification Application

Record of Continuing Education Units (CEUs) Completion - 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 Recertification 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.