

**PSCBW CPP Renewal 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:		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
<b>TOTALS:</b> (This page)					

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**Record of Continuing Education Units – 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>

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

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**Record of Continuing Education Units 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:		DATE SUBMITTED:				
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	
<b>TOTALS:</b> (This page)						

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**Record of Continuing Education Units – Summary Page**

<b>NAME:</b>		<b>DATE SUBMITTED:</b>	
<b>PAGES</b>	<b>ATOD Prevention Education Hours (20 Hours)</b>	<b>General Prevention Education Hours (20 Hours)</b>	<b>TOTAL HOURS</b>
<b>Totals from Page 1</b>			
<b>Totals From Page 2 (If applicable)</b>			
<b>Totals from Page 3 (If applicable)</b>			
<b>GRAND TOTALS (All Pages)</b>			

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: \_\_\_\_\_