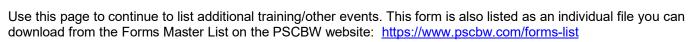
Record of Continuing Education Units (CEUs) Completion

- 1. Please photocopy or print this blank form if you need additional pages.
- 2. Please list a <u>minimum</u> of **35** hours of Drug Education and/or Alcohol, Tobacco and Other Drugs (ATOD) Prevention Education AND a <u>minimum</u> of **35** hours of General Prevention Education for a **minimum** of **70** total hours.
- 3. Attach proof (s) 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:	D/		DATE SUBMITTE	TE 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	Drug and/or ATOD Prevention Education (Minimum of 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours
			TOTAL: (This page)			

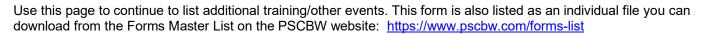
Record of Continuing Education Units - Page 2 (If needed)





NAME:			DATE SU	BMITTED:			
Title	e of Training/Other Event Where CEUs Were Obtained	Dates & Locations of Tra	aining/Events	Attendance Verification C:Certificate T: Transcript A: Affidavit O: Other	Drug and/or ATOD Prevention Education (Minimum of 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours
				TOTALS: (This page)			

Record of Continuing Education Units - Page 3 (If needed)





NAME:			DATE SU	JBMITTED:			
	Title of Training/Other Event Where CEUs Were Obtained	Dates & Location Training/Eve		Attendance Verification C:Certificate T: Transcript O: Other A: Affidavit	Drug and/or ATOD Prevention Education (Minimum of 35 Hours)	General Prevention Education (Minimum of 35 Hours)	TOTAL Hours
				TOTALS: (This page)			



Record of Continuing Education Units – Summary Page

NAME:		DATE SUBMITTED:	
PAGES	Drug Education and/or ATOD Prevention Education Hours (Minimum 35 Hours)	General Prevention Education Hours (Minimum 35 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 the APP Prevention Education Prerequisites and attached attendance verification documents 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:			