

Name: \_\_\_\_\_  
 License #: \_\_\_\_\_

**CONTINUING EDUCATION REPORT**

ONLY submit this form with your renewal application

List Programs in chronological order

| Title of Program | Sponsor | Dates attended or completed | * CPE Type (see below) | Delivery: Live/Self Study | QAS# | Hours Claimed |
|------------------|---------|-----------------------------|------------------------|---------------------------|------|---------------|
| 1.               |         |                             |                        |                           |      |               |
| 2.               |         |                             |                        |                           |      |               |
| 3.               |         |                             |                        |                           |      |               |
| 4.               |         |                             |                        |                           |      |               |
| 5.               |         |                             |                        |                           |      |               |
| 6.               |         |                             |                        |                           |      |               |
| 7.               |         |                             |                        |                           |      |               |
| 8.               |         |                             |                        |                           |      |               |
| 9.               |         |                             |                        |                           |      |               |
| 10.              |         |                             |                        |                           |      |               |
| 11.              |         |                             |                        |                           |      |               |
| 12.              |         |                             |                        |                           |      |               |
| 13.              |         |                             |                        |                           |      |               |
| 14.              |         |                             |                        |                           |      |               |
| 15.              |         |                             |                        |                           |      |               |

Submit a copy of the proof of completion you received for each course you are reporting.  
 If you need additional space, attach a photocopy of this report with additional CPE programs.  
 A computer generated form is acceptable only if it is produced in an identical format.

| *CPE Type | Calculate total CPE hours claimed for each CPE Type  | Hours |
|-----------|--|-------|
| T         | All qualifying technical CPE programs not otherwise described  |       |
| E         | <b>Ethics</b> (4 hours required each renewal period)   |       |
| M         | <b>Municipal Auditing</b> (24 hours required for Municipal Auditors)   |       |
| N         | <b>Non-Technical</b> (limited to 16 hours, may not be carried forward)   |       |
| B         | <b>Author of published books or articles, CPE Course instructor or discussion leader</b> (may not exceed 50% of the total CPE requirement either separately or combined) |       |

Calculate subtotals from this page and all attached pages

Total CPE hours in First Year (7/01/---- to 6/30/----)  
 Total CPE hours in Second Year (7/01/---- to 6/30/----)  
**TOTAL:**

| Hours |
|-------|
|       |
|       |
|       |

CPE Courses completed before June 30, but after the date you submit this renewal may be reported on the CPE report. **If you are unable to attend or complete a course before June 30, or a course is cancelled, provide written notice to the Board describing the credits to be removed from your CPE report.**