HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

Print Form

Continuing Education Self-Study Verification

The subject matter of the continuing education (CE) must be specifically related to your profession. Please refer to your professions Oregon Administrative Rules regarding continuing education.

- Use one form per type/session of self-study.
- Do not send this form to the Health Licensing Office. Please keep it for your records if audited for CE.

Your Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL:	LICENSE NUMBER:	

Type of Study (use one form per type/session of self-study)

Written:

☐ **Journal** ☐ **Printed Material** ☐ **Publication** ☐ **Textbook** ☐ **Other** _____

NAME OF DOCUMENT:	
NAME OF AUTHOR / PUBLISHER:	DATE OF PUBLICATION:
INTERNATIONAL STANDARD BOOK NUMBER (ISBN) (if applicable):	

Audio / Visual:

☐ **Audio Only** ☐ **Film** ☐ **Online Course** ☐ **Video** ☐ **Other** _____

NAME OF AUDIO / VISUAL PRODUCTION:	
NAME OF PRODUCER / SPONSOR:	
DATE OF PRODUCTION:	CATALOG NUMBER (if applicable):

Completion and Clock Hours

DATE OF COMPLETION:	DURATION OF STUDY IN CLOCK HOURS:

Description of Content (please review your professions Oregon Administrative Rules regarding CE requirements)

Describe how the subject matter relates specifically to your profession and provide an overview of what you learned (use additional pages if necessary):

Signature:	Date: