

CONTINUING EDUCATION SELF-STUDY VERIFICATION

The subject matter of the continuing education 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.**

Licensee Information

| | | |
|---------------|----------------|----------------|
| LICENSEE NAME | | LICENSE NUMBER |
| PHONE: | BUSINESS PHONE | EMAIL |

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

Written:

Publication
 Textbook
 Printed Material
 Journal
 Other _____

Name of document:

Name of publisher/author:

| | |
|----------------------|--|
| Date of publication: | International Standard Book Number (ISBN): |
|----------------------|--|

Audio/Visual:

Online Course
 Video
 Film
 Slides
 Audio Only
 Other _____

Name of audio/visual production:

Name of sponsor/producer:

| | |
|---------------------|-----------------|
| Date of production: | Catalog Number: |
|---------------------|-----------------|

Completion and Clock Hours

| | |
|--------------------|----------------------------------|
| DATE OF COMPLETION | DURATION OF STUDY IN CLOCK HOURS |
|--------------------|----------------------------------|

Description of Content (please review your professions Oregon Administrative Rules regarding continuing education)

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: