

RECERTIFICATION FILING FORM

I, THE UNDERSIGNED, UNDERSTAND THAT MISREPRESENTATION OF ANY OF THE INFORMATION I PROVIDE COULD RESULT IN REVOCATION OF CERTIFICATION.

Applicant=s Name (Print)

Applicant=s Signature

Date

Certification Number

NOTE: Of the 40 CEU=s required for Recertification, a **minimum** of 20 CEU=s must be in Category A (that is, trainings or academic courses, attended in person, behavioral in nature, that are not in-service hours or part of any other category in the Recertification Policy). The remaining 20 CEU=s may be in any combination of Categories in the Recertification Policy as long as they do not exceed the Category limit.

IN-SERVICE TRAINING (Category B - Refer to Recertification Policy for Category Limit)

NAME OF TRAINING	LOCATION OF TRAINING	NAME OF PRESENTER(S)	DATE(S) OF TRAINING	NUMBER OF TRAINING HOURS

DISTANCE LEARNING (Category F - Refer to Recertification Policy for Category Limit)

NAME OF TRAINING	DISTANCE LEARNING ORGANIZATION	NAME OF PRESENTER(S)	DATE(S) OF TRAINING	NUMBER OF TRAINING HOURS

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(THIS FORM MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED)

APPLICANT'S NAME (Please Print) _____

SEMINARS; WORKSHOPS; OTHER TRAININGS (Category A - Minimum of 20 CEU=s Required in this Category)

NAME OF TRAINING, WORKSHOP, OR SEMINAR	LOCATION OF TRAINING	NAME OF INSTRUCTOR(S)/ PRESENTER(S)	DATE(S) OF TRAINING	NUMBER OF TRAINING HOURS

COLLEGES AND UNIVERSITIES - Academic Courses Attended in Person - Category A

NAME OF COURSE	NAME OF SCHOOL & LOCATION	INSTRUCTOR	SEMESTER & YEAR	NUMBER CREDITS

OTHER CATEGORIES (Refer to Recertification Policy for Other Categories Allowed)

NAME OF TRAINING	LOCATION OF TRAINING	NAME OF INSTRUCTOR(S)	DATE(S) OF TRAINING	NUMBER OF TRAINING HOURS