

CARC 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 30 CEU's required for Recertification, a **minimum** of 15 CEU's must be in Category A (that is, trainings or academic courses, attended in person, that are not in-service hours or part of any other category in the Recertification Policy). The remaining 15 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

COMPLETE THIS FORM ON REVERSE SIDE
(THIS FORM MAY BE PHOTOCOPIED IF ADDITIONAL ENTRY SPACE IS REQUIRED)

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