

CONTINUING EDUCATION CERTIFICATE OF ATTENDANCE

Meeting/Conference Title: _____

Date: _____ Location: _____

Provider: _____

Presentation/Topic: _____

Program Speaker(s) (If any): _____

Name of Licensee (Print): _____

CHRB License Number: _____

I certify that I attended the approved continuing education (ACE) coursework described above for a total of ____ continuing education hour(s).

Signature: _____ Date: _____

INSTRUCTIONS

Per Rule 1503.5, Continuing Education for Trainers and Assistant Trainers, licensees shall maintain records of completed ACE coursework for a period of four years from the date the course was completed and shall provide such records to the Board upon request. Individual licensees are responsible for the completeness and accuracy of their own ACE records. By signing this form you are certifying under penalty of perjury that the statements and answers you have made on this form are true and correct.