Education Documentation Renewal Application

Program Supervisor:	•		
Name and Credentials:			
Proof of Licensure: (ATTACH copy	of current licensure)		
Continuing Education: (ATTACH c	opies of Certificates of com	pletion for all approved CE u	nits listed below)
Requires completion of a minimum of the date of the initial treatment program		on about domestic violence eve	ery three years fron
Continuing education obtained must provides CE units. The continuing proself-study programs (such as audio or whours may be obtained by attending programs may be used toward this recappear to be from a qualified source or	ofessional education may be video recordings, corresponde "in house" educational sess quirement. The committee appears duplicative.	obtained through classes, semence or online courses, etc.). No ions.— No more than five (5) reserves the right to reject edu	inars, workshops, or o more than five (5 hours of self-study
Programs are required to maintain writt Name of Course or Program	ten records of continuing edu Date(s) of Program	cation units. <u>Sponsor/Presenter</u>	Total Hours <u>Completed</u>

Add additional duplicate pages for additional Program Supervisor