

Name: \_\_\_\_\_ License #: \_\_\_\_\_

State of Arizona Board of Psychologist Examiners

Record of Continuing Education

Please note: **No Supporting Documentation should accompany this form (e.g. certificates of completion)**. If notified that you have been selected for an audit, documentation must be submitted to the Board **UPON REQUEST** to verify completion of the course of study or training. Any false, incorrect or misleading statements on this form may subject the licensee to disciplinary action.

You may make additional copies of this form if needed. **(CONTINUED Voluntary Inactive licensees do not need to submit this form)**

Name of Activity	Sponsoring Organization	Brief Description of Content	Dates	# of Credits Received (indicate whether Ethics)

Initial: \_\_\_\_\_

Total CE: \_\_\_\_\_

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