



# Continuing Education Certification

## SECTION B

Sixteen (16) hours of Continuing Education are required for this reinstatement. In the space provided below, list the continuing education training you have attended. PLEASE send copies of certificates or other documentation of attendance/participation when you submit your request for reinstatement.

Provider's Name	Dates Attended	Credit Hours (CEU) Awarded	Provider Approval #

## SECTION C

Please explain why your license has lapsed for more than one year.

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I CERTIFY that all the above information that I have provided on this form is true and correct to the best of my knowledge and belief.

Printed Name	Signature
Date	License Number

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Notary Public

Expires

SEAL

Notary Public In and For