CONTINUING EDUCATION ANNUAL REPORT FORM – REINSTATEMENT ONLY

Instructions: List all activities in which you participated that can be used for continuing education credit. Use as many blocks as required and duplicate this form, if necessary. A minimum of 12 hours is required, and all must be HSW related.

STRUCTURED ACTIVITIES (12 CEH Minimum)

DATE(S)	ACTIVITY TITLE/INSTRUCTOR/SPONSOR/LOCATION	HOURS
TOTAL		0.00

_____ I certify that I have read and understand the Registration Law of Alabama.

_____ I certify and affirm that I have participated in the continuing education activities listed above and that the above report is a true and accurate record of CEHs earned during the period from January 1, 2015 to December 31, 2015.

_____ I understand that making a false representation on this form may subject me to disciplinary action under the laws of the State of Alabama.

Signature:_____**Date:**_____

Email address:_____