

**CONTINUING EDUCATION ANNUAL REPORT FORM – REINSTATEMENT ONLY**

**Instructions:** List 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
<b>TOTAL</b>		

\_\_\_\_\_ 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, 2019 to December 31, 2019.

\_\_\_\_\_ 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: \_\_\_\_\_