

**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 (8 CEH Minimum)**

DATE(S)	DESCRIPTION/TITLE	INSTRUCTOR/SPONSOR/LOCATION	RELEVANT 8 CEH MIN.
<b>TOTAL</b>			

**SELF-DIRECTED ACTIVITIES (4 CEH Maximum)**

DATE(S)	DESCRIPTION/TITLE	INSTRUCTOR/SPONSOR/LOCATION	RELEVANT 4 CEH MAX.
<b>TOTAL</b>			

\_\_\_\_\_ I certify and affirm that I have read and understand the Registration Laws of Alabama and that I have complied with the Continuing Education requirements for the period preceding this renewal.

\_\_\_\_\_ I certify and affirm that I have participated in the continuing education activities listed above, which are true and accurate records of CEHs earned during the period from October 1, 2009 to September 30, 2010 (or through date of submittal).

Yes No      Have you been charged, arrested, convicted, found guilty or pleaded “nolo contendere” to any criminal offense since the filing of your last renewal application (excluding misdemeanor traffic infractions)? If YES, submit details.

Yes No      Have you been investigated, charged, or disciplined since the filing of your last renewal application? If YES, submit details.

Yes No      Are you currently under investigation by a governing or licensing board or by a state or federal agency? If YES, submit details.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email address: \_\_\_\_\_