

**CONTINUING EDUCATION REPORTING FORM**

Date: \_\_\_\_\_

**Please print legibly or type on all forms. Forms not readable will be returned to sender.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Employment Status:  Employed  Volunteering  Not currently employed or volunteering

Employer: \_\_\_\_\_ Current Supervisor: \_\_\_\_\_

Are you a (please check all that apply):

PSS  PSS Supervisor  Target Health Facilitator

**CONTINUING EDUCATION CCOURSES**

<u>Training/Workshop</u>	<u>Date/Location</u>	<u>Facilitator</u>	<u>Hours Achieved</u>

I **ATTEST** that the above information is correct and accurately represents continuing education credits earned. **A copy of training certificates is required!**

X \_\_\_\_\_  
(Signature Peer Support Specialist)

Please return CEU request form and copy of certificates to: [OBH.Peers.Programs@la.gov](mailto:OBH.Peers.Programs@la.gov)