

LEGAL DOCUMENT PREPARER PROGRAM
CONTINUING EDUCATION SUBMISSION FORM
2015-2017 RENEWAL PERIOD

Instructions: Please provide the information requested below for each of the continuing education activities completed for the May 1, 2015-April 30, 2016 and the May 1, 2016 – April 30, 2017 certification years. **You are required to submit corresponding Completion Certificates or Certificates of Attendance for each activity with this completed form. The failure to do so will result in the delay of renewal of your certification.**

Last Name: _____ First Name: _____ Certificate Number: _____

Continuing Education Completed May 1, 2015 – April 30, 2016					
Date of Attendance	Course Name	# of Credits	Course Type*	Ethics Credit? Y/N	# of ethics credits

Did you complete the requisite one hour of ethics for the above period? (circle) Yes No

Continuing Education Completed May 1, 2016 – April 30, 2017					
Date of Attendance	Course Name	# of Credits	Course Type*	Ethics Credit? Y/N	# of ethics credits

* Course Type = Conference, Self-Study, University or College Course, Serving as Faculty

Did you complete the requisite one hour of ethics for the above period? (circle) Yes No

Were any of the continuing education activities completed outside of the time frames set forth above? (circle) Yes No

If yes, please provide an explanation below:

Attestation Statement

I verify the truth of the information submitted on this Continuing Education Submission Form. I affirm that I participated in continuing education activities and that the number of units reported is correct. I have provided completion certificates for each course to verify participation.

Signature: _____ Date: _____