

Continuing Education Credit Log

Certificate No: _____

Name:				Application period:		
Name of Workshop	CE Type	Date of Event	Sponsoring Organization	Presenter	Length	Applicable Standard

Continuing Education (CE) Type: 1 = Required 2 = Standard requirements 3 = Elective
(No more than 10 hours of elective credit is allowed in any one specialty area. Hours calculation based on: Full day - 6 hours; Half day - 3 hours.)

Certification

This is to certify that the above information regarding completion of continuing education credits is a true and accurate representation of the training I've completed toward fulfillment of the OASBO Professional Certification requirements. I certify that I have in my possession and available for request from the Professional Certification Committee, the documentation to backup any credit in question.

Signature	Date
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Certification Key:

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| <p>Specialist/Manager:</p> <ul style="list-style-type: none"> SM1 - Accounting SM2 - Budget SM3 - Communications SM4 - Facilities SM5 - Food Service SM6 - Payroll | <ul style="list-style-type: none"> SM7 - Personnel SM8 - Purchasing SM9 - Risk Management SM10 - Technology SM11 - Transportation | <p>Administrator:</p> <ul style="list-style-type: none"> A1 - Financial Resource Management A2 - Human Resource Management A3 - Facilities Management A4 - Purchasing & Management A5 - Communications Management A6 - Ancillary Services |
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