

WVBEP Continuing Education Audit Form

Name: _____ **Year:** _____

Please list your ethics certificate(s) first, Veteran's Mental Health second and then list the remaining certificates by date starting with the earliest.

| Date of Training | Course Title or Activity | Provider Name | Presenter's Name & Credentials | Pre-approved by WVBEP, APA, NASP, WVPA, or WVSPA | Number of Contact Hours |
|--|--|---------------|--------------------------------|--|-------------------------|
| | List Your Ethics Course Here – At Least 3 Hours: | | | | |
| | Veteran's Mental Health – At Least 2 Hours: | | | | |
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| Total Number of Hours for This Page | | | | | |

Remember to submit copies of your certificates along with this form.

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| TOTAL Number of Hours for This Renewal Period | | | | | |

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