

CONTINUING EDUCATION ATTESTATION FORM

--This form may be duplicated as necessary--

A licensee shall submit this form and applicable documentation within 30 days after receiving written notification from the Board that proof of completion of continuing education hours is required. The requirements for continuing education are set forth in Rule .2104 of Title 21, Chapter 54 of the North Carolina Administrative Code and may be found on the Board’s web site at www.ncpsychologyboard.org.

PART I: CATEGORY A DOCUMENTATION

In addition to listing information below, a licensee must submit copies of certificates received for each Category A program, and any additional documentation, as necessary.

Date of program	
Number of contact hours	
Name of sponsor of program	
Title of program	
Location of program	

PART II: CATEGORY B DOCUMENTATION

Information must be listed below to document participation in Category B activities. NOTE: The nature of the Category B activity determines the applicable documentation. For example, name of presenter, facilitator, or leader; name of sponsor; and location are not required when a licensee documents reading a journal article.

Date of program or activity	
Number of instructional or contact hours	
Description of activity (include title of program, if applicable)	
Name of presenter, facilitator, or leader	
Name of sponsor	
Location	
Full citation of article	
Summary of content	

PART III: I attest that the signature hereto is my own signature and each and every statement made on this form (including any parts hereto attached and which form a part hereof) was made by me, and is in all respects true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Licensee

_____ License #

_____ Licensee’s Name – Typed or Printed