



COA-APPROVED CONTINUING EDUCATION COMPLETION
PRINT IN BLOCK LETTERS

Table with 2 columns: NCEA RECERTIFICATION CANDIDATE NAME:, CERTIFICATION ID NUMBER

Table with 4 columns: Date, Course Description, COA Approval Number(s), # of CE Units

TOTAL UNITS _____

I, _____, the above named NCEA Advanced ReCertification Candidate verify that I have completed the requirement of 12 COA-Approved Continuing Education units listed above. I understand this statement of COA Approved Continuing Education Completion is part of my permanent NCEA Certification Records.

Print Name NAME: _____

SIGNATURE: _____

DATE: _____