COA-APPROVED CONTINUING EDUCATION

FULL LEGAL NAME: (as is appears on your license)

_____

CREDENTIAL ID#: _____**EXP DATE:** _____

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.

eSIGNATURE: _____ **DATE:** _____