

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

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CONTINUING EDUCATION REPORT FORM – FOR PERSONAL USE ONLY – DO NOT SUBMIT

Name: _____

Profession: _____ **Kansas License #:** _____

Instructions:

List Continuing Education activity. Attach all documentation for CE activities in order listed on this form. **DO NOT** submit. These are for your personal records. If randomly selected for an audit, you will be notified and provided the correct CE Report Forms. For more information, please go to <http://www.ksbtp.ks.gov>

| Date of Activity | Title/Description/ Presenter's Name | Sponsoring Organization and Location of Activity | PDHs Earned |
|------------------|--|---|----------------|
|------------------|--|---|----------------|
