KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
Landon State Office Building 900 SW Jackson St, Ste 507 Topeka, KS 66612
Phone: (785) 296-3053 Fax: (785) 296-0167 www.ksbtp.ks.gov

CONTINUING EDUCATION AUDIT REPORT FORM FOR TWO YEAR REPORTING PERIOD

FROM _____ TO _____
(mm/dd/yy) (mm/dd/yy)

Name: _____

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

Instructions:
List Continuing Education activity below in chronological order. You must attach copies of documentation to substantiate your claims on this form for 30 PDHs. Keep original documentation for your own records.

Date of Activity	Title/Description/ Presenter's Name	Sponsoring Organization and Location of Activity	PDHs Earned	Office Use Only

PDHs Claimed _____ **Not to exceed 30 (40 if dual)**

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.

Professional Seal with Signature and Date **SIGNATURE** **DATE**