State of Vermont
Office of the Secretary of State

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James C. Condos, Secretary of State
Brian H. Leven, Deputy Secretary

Christopher D. Winters, Director

Continuing Education Record

****NAME:** _____ **LICENSE #:** _____

Itemize the education courses taken over the past two years (submit additional sheets if more space is needed)

TITLE & CONTENT OF PROGRAM	SPONSORING ORGANIZATION	# OF CREDITS/HOURS AWARDED	DATES

TOTAL # OF CREDITS/HOURS: _____

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a $10,000 fine. (13 V.S.A. §2901)

Signature of Applicant Date

****Keep this document with your CE records**