



CONTINUING EDUCATION AUDIT REPORT FORM

For the Two year CE requirement period for February 1, 2015 - January 31, 2017

Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	Presenter	Comments				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	Presenter	Comments				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Official Use only Hrs approved	Presenter	Comments				
						Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>

Total Hours: _____

Total HSW Hours: _____

AFFIDAVIT

I certify that the information submitted above is true and accurate and I have attached all required documentation. _____
Date

Printed/Typed Name of Licensed Landscape Architect

Signature of Licensed Landscape Architect

SC License Number

Daytime telephone number

SUMMARY of REQUIREMENTS:

20 hrs per two year period as per Chapter 76-6
min 15 hrs HSW, max 5 hrs expand skills; max 8 hrs self directed (incl. public service);
carryover allowed for excess up to 10 hrs

Please return form and documents to:

sherri.moorer@llr.sc.gov

FAX (803) 896-4424

HSW = Health Safety and Welfare

*Note: If additional space is required, attach additional pages