



South Carolina Department of Labor, Licensing and Regulation
South Carolina Environmental Certification Board

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Continuing Education Report Form

DATES	DESCRIPTION/TITLE	INSTRUCTOR	LOCATION	HOURS
TOTAL				

I certify that I have participated in the above-listed continuing education activities and the attached documentation is a true and accurate record of credits earned during the current reporting period.

Print Name: _____ License Number: _____

Signature: _____ Date Signed: _____

Phone number: _____