

# Continuing Education Unit (CEU) Reporting Form/Certificate of Attendance

Approved Provider Description/Title--Fifteenth Annual Celebrating Connections Conference

February 21-24, 2012 at the Charleston Civic Center, Charleston, WV

Please complete, sign, and submit as required by your licensing, certification, etc., entity. It is your responsibility to follow the appropriate protocol. Make a copy of this completed form for your records.

## PLEASE INDICATE THE SESSIONS YOU ATTENDED AND TOTAL HOURS BELOW.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of License \_\_\_\_\_ State(s) and License(s) Number \_\_\_\_\_

Approved Provider Name - Celebrating Connections Conference - Individual Approved Provider

Approved Provider Number \_\_\_\_\_ (See CEU table for Approved Provider Number)

### TUESDAY, FEBRUARY 21, 2012: PRE-CONFERENCE SEMINARS

APPROVED

ACTUAL

6 Hours \_\_\_\_\_

\_\_\_\_\_  
(Workshop Title)

### WEDNESDAY, FEBRUARY 22, 2012: ONE DAY INSTITUTES

APPROVED

ACTUAL

6 Hours \_\_\_\_\_

A- \_\_\_\_\_

\_\_\_\_\_  
(Workshop Number and Title)

### THURSDAY, FEBRUARY 23, 2012

APPROVED

ACTUAL

1.25 Hours \_\_\_\_\_

Keynote- Steve Spangler \_\_\_\_\_

1.5 Hours (A.M.) \_\_\_\_\_

B- \_\_\_\_\_

\_\_\_\_\_  
(Workshop Number and Title)

3 Hours (P.M.) \_\_\_\_\_

C- \_\_\_\_\_

\_\_\_\_\_  
(Workshop Number and Title)

### FRIDAY, FEBRUARY 24, 2012

APPROVED

ACTUAL

1.25 Hours \_\_\_\_\_

Keynote- Shawn Brown \_\_\_\_\_

1.5 Hours (A.M.) \_\_\_\_\_

D- \_\_\_\_\_

\_\_\_\_\_  
(Workshop Number and Title)

1.5 Hours (P.M.) \_\_\_\_\_

E- \_\_\_\_\_

\_\_\_\_\_  
(Workshop Number and Title)

**TOTAL HOURS EARNED:** \_\_\_\_\_ **Note: You may only claim credit for the hours or portions of hours you actually attended.** If required by your licensing, certification, etc., entity, present this certificate to a Celebrating Connections representative at the CEU table for a signature upon completion.

**Celebrating Connections Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Certification:** "In signing this form, I certify that I have attended and completed the continuing social work education contact hours, WV Birth to Three contact hours, or other continuing education contact hours indicated above. I also understand that continuing education hours must be earned to renew my license(s) and that knowingly falsifying records could result in disciplinary action, including suspension or revocation of my license(s)."

Signature \_\_\_\_\_ Date \_\_\_\_\_

Keep a copy of this form for your records.