

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

Approved Provider Description/Title

Annual Celebrating Connections Conference, April 21-23, 2021

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)

## WEDNESDAY, APRIL 21, 2021

Approved Hours

Actual Hours

Keynote: Building Your Bounce

1.5

\_\_\_\_\_

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

1

\_\_\_\_\_

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

2

\_\_\_\_\_

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

1

\_\_\_\_\_

## THURSDAY, APRIL 22, 2021

Keynote: Don't Get So Upset!

1.5

\_\_\_\_\_

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

1

\_\_\_\_\_

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

2

\_\_\_\_\_

Session F- \_\_\_\_\_

2

\_\_\_\_\_

## FRIDAY, APRIL 23, 2021

Keynote: If Today Was Their Only Day

1.5

\_\_\_\_\_

Session G- \_\_\_\_\_

1

\_\_\_\_\_

Session H- \_\_\_\_\_

2

\_\_\_\_\_

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.

"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.