



Continuing Education Credit Form

Date: _____

Volunteer Name: _____

Title/Topic: _____

Author/Trainer: _____

Type of Continuing Education:

- Book Review** = 2 hours (if longer, consult with your case supervisor)
- Video or Webinars** = Hour for Hour
- In-Service, Seminar, Workshop, or Conference** = Hour for Hour, please attach training brochure/flyer, training outline, or training materials
- Independent Research** = Hour for Hour, please attach list of websites and/or any printed materials on issues you researched pertinent to your child's case (for example: medical diagnoses, psychiatric diagnoses, substance abuse issues, educational issues, etc.)

Total Number of Continuing Education Hours: _____

Brief Synopsis:

Office use:

Supervisor Signature: _____

Hours Granted: _____