

Section 4: IMPORTANT: If you are a current Certification Registry participant, any CEUs listed on this form must be acquired within the two-year window prior to the expiration date on your Registry card. If starting a new record in the Registry, your CEUs must be dated within two years of your application. Please submit all your CEUs together in a single form. For each CEU activity, please enter on the table below the title of the continuing education activity, the name of the sponsoring organization, the date of the event, and the number of CEUs earned. Insert your total CEUs at the bottom.

Please keep all documentation, and submit *only* if you are chosen for the annual audit.

| CEU Activity | Sponsor | Date | CEU hours |
|--------------|---------|------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| | | | Total CEUs _____ |

Section 5: AALAS would like to extend a special invitation to you to share the news of your active Registry status with others at your workplace. If there is a dean, director, supervisor, or other colleague who you would like AALAS to notify of your achievement, please list that individual below. If you prefer that no one be notified, just leave this section blank.

Dr. Mr. Mrs. Ms. Name: _____ Title: _____

Notify by E-mail E-mail address: _____

Letter Street: _____

City: _____ State: _____ Zip Code: _____

Section 6

- I affirm that ALL of the above information is correct to the best of my knowledge.
- I understand that CEU submissions will be randomly audited by the Certification and Registry Board.
- I understand that I am responsible for maintaining copies of my CEU certificates and other supporting documentation in case of audit.

Applicant's Signature: _____ Date: _____