

**CONTINUING EDUCATION REPORTING FORM**

**Category A - No C.E.U. Limit**

**Conferences/Workshops/Audio Tapes meeting ARM 24.189.2101(3)(a - c)**

| Date(s) | Name of Program/Sponsor | Format | C.E.U.'s |
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**Category B - No More Than 20 C.E.U.'s**

ABPP Exam/Formal classes verifiable by transcript/study groups - additional form required/No more than 10 C.E.U.'s for meeting paper/Research project/Presentation of workshop/Publication of review paper meeting ARM 21.189.2101(3) (a - b)

| Date(s) | Name of Program/Sponsor | Format | C.E.U.'s |
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**Category C - No More Than 15 C.E.U.'s**

Individual Psychotherapy/Group therapy/Supervision received meeting stated requirements.

| Date(s) | Name of Professional/Facilitator/Supervisor | Format | C.E.U.'s |
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**I certify that the information given above is true and correct and that I did in fact attend the programs listed above.**

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 Date Signature of Psychologist License Number

PLEASE PRINT NAME