

NAME: _____ **LICENSE # PSY** _____ **(PLEASE SEE BOARD RULE: 510-8 FOR MORE INFORMATION)**

CONTINUING EDUCATION AUDIT REPORT FORM

AREA	ACTIVITY SPECIFIC DESCRIPTION	SPONSORSHIP FULL NAME	LOCATION CITY/STATE	DATES MONTH/DAY/YEAR	# OF CREDITS
I ACADEMIC i. COURSES [MAX OF 20] ii. INSTRUCTION [MAX OF 20] iii. PUBLICATIONS [MAX OF 10]					TOTAL: _____
II ONGOING PEER GROUP CONSULTATION [MIN OF 10] [MAX OF 20]	<p> FOR REPORTING AREA II HOURS, PLEASE DOWNLOAD/PRINT THE ADDITIONAL “CE HOURS PEER GROUP CONSULTATION REPORT FORM” FROM THE SAME WEBPAGE YOU OBTAINED THIS FORM, AND LIST THESE HOURS THERE. SUBMIT THIS ADDITIONAL SIGNED/NOTARIZED CE HOURS PEER GROUP CONSULTATION REPORT FORM WITH THIS CE AUDIT REPORT FORM. </p> <p> *PLEASE NOTE THE TOTAL NUMBER OF HOURS FOR THIS AREA IN THE SPACE @ THE RIGHT </p> <p> FAILURE TO DO SO MAY DELAY THE PROCESSING OF YOUR CE AUDIT, AND SUBSEQUENTLY THE RENEWAL OF YOUR LICENSE </p>				TOTAL: _____
III CONFERENCES/ CONVENTIONS [MAX OF 5]					TOTAL: _____

NAME: _____

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

LICENSE #: PSY _____

(Submit this reporting form **ONLY** if you are randomly selected for a Continuing Education Hours audit)

CONTINUING EDUCATION REPORT

AREA	ACTIVITY SPECIFIC DESCRIPTION	SPONSORSHIP [FULL NAME]	LOCATION CITY/STATE	DATE/S MONTH/DAY/YEAR	# OF CREDITS
IV APPROVED SPONSOR CE [MAX OF 40]					TOTAL: _____
V SELF INSTRUCTIONAL i. SELF-STUDY [MAX OF 10] ii. ONLINE CE IN REAL TIME [MAX OF 6]					TOTAL: _____
PROFESSIONAL ETHICS [MIN OF 6] (In Person)					TOTAL: _____
					ALL AREAS GRAND TOTAL: _____

AFFIDAVIT

I certify that the above is true and accurate information, as is the required supporting documentation that I have attached/included.

(Signature of Psychologist)

(Date)

Printed/Typed Name of Psychologist: _____

License Number: PSY _____

Please include your name and license number in the spaces provided on all pages of this form. If any additional pages are needed, please include your name and license number on each page. This page must be signed, dated, and notarized.

BE SURE TO SUBMIT ALL PAGES OF THIS FORM ALONG WITH YOUR SUPPORTING DOCUMENTS

You may fax this form to 866-888-7127, e-mail it to ExamBoards-Healthcare@sos.state.ga.us, or mail to the address noted above, along with all supporting documents required. Failure to do so may delay your license renewal.

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