

**GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS**

**PROFESSIONAL DEVELOPMENT/ CONTINUING EDUCATION AUDIT REPORT**

For the Two-Year CE Reporting Period Beginning July 1, 2013 and Ending June 30, 2015

PLEASE PRINT OR TYPE

Institute, Organization, Provider, or Agency Conducting Course	Provider Number	Title of Course or Description of Content	Dates Attended	Public Protection Units	Related Practice Units	Documentation Attached √
<b>Total Hours Claimed</b>						

**AFFIDAVIT**

I certify that the above is true and accurate information and I have attached required documentation.

\_\_\_\_\_  
Signature of Registered Architect

Sworn to and subscribed before me this \_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_

\_\_\_\_\_  
Printed/Typed Name of Registered Architect

**NOTARY SEAL**

Daytime Telephone Number \_\_\_\_\_

*Please return form and documents to*  
Georgia Board of Architects and Interior Designers  
by mail, email, or fax

Email Address: \_\_\_\_\_

License Number \_\_\_\_\_