

GEORGIA STATE BOARD OF ARCHITECTS AND INTERIOR DESIGNERS

CONTINUING EDUCATION AUDIT REPORT

For the Two-Year CE Reporting Period Beginning April 1, 2013 and Ending March 31, 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 √
Total Hours Claimed						

AFFIDAVIT

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

Signature of Registered Interior Designer

Sworn to and subscribed before me this ____ day of _____, 20____

Notary Public _____

Printed/Typed Name of Registered Interior Designer

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 _____