GEORGIA STATE BOARD OF LANDSCAPE ARCHITECTS
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2020

PLEASE PRINT OR TYPE **Be sure to sign and date in the space provided**

Institute, Organization, or Agency Conducting Program	Title of Program or Description of content	Location of Program	Dates Attended	Number of Hours Claimed	Documentation Attached

Total hours claimed _____

AFFIDAVIT

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

_____
Signature of Licensed Landscape Architect

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

_____
Printed/Typed Name of Licensed Landscape Architect

Notary Public_____

NOTARY SEAL

License Number_____

Daytime Telephone Number_____

Please return form and documents to: GA State Board of Landscape Architects by mail to 237 Coliseum Drive; Macon, GA 31217, or fax to (478-314-9714), or email to afoust@sos.ga.gov. Board contact number (844) 753-7825 .

REVISED 02-17-2020