**READ CAREFULLY**

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

**PROFESSIONAL DEVELOPMENT UNIT (PDU) / CONTINUING EDUCATION UNIT (CEU) AUDIT REPORT**

For the Two-Year CEU Reporting Period Prior to the Renewal Deadline

**Health Safety Welfare (HSW); Learning Unit (LU) is a non- HSW unit**

**CERTIFICATES FOR HSW HOURS MUST SAY HSW OR WILL NOT BE ACCEPTED AS HSW**

**PLEASE PRINT OR TYPE** **Page of**

| Institute, Organization, Provider, or Agency Conducting Course<br>PLEASE ORGANIZE CERTIFICATES AND LIST IN THE SAME CHRONOLOGICAL ORDER | Provider Number | Title of Course, Course Number and Description of Content<br>NCARB Terminology: Continuing Education Unit (CEU); Professional Development Units (POU); Continuing Education Hours (CEH); Health Safety and Welfare (HSW); Leaming Unit (LU) | Dates Attended | Public Protection Units or HSW* | Related Practice Units or LU* | Documen-tation Attached |
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| | | **Total Hours Claimed** | | | | |

**AFFIDAVIT** ***NOTE: Units must be in either HSW or LU columns, but not in both columns**

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

_____

Signature of Registered Architect/

Interior Designer

Sworn to and subscribed before me this____ day of_____ 20_

Notary Public _____

_____

*Printed/Typed Name of*
*Registered Architect/ Interior Designer*

**NOTARY SEAL**

License No._____Daytime Telephone No. _____

Email Address: _____

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

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