

Record of Continuing Education Credits Earned

List all continuing education credits earned during the past three years. If your application is selected for audit purposes, you will be asked to provide supporting documentation under separate cover.

Printed Name _____ Date: _____

I certify that all statements made in this record are true. Signature _____

Continuing Education Activity <i>(attach separate sheet if necessary)</i>	Location and Date	Sponsored by	Number of Hours	Number of Credits		
				Cat A	Cat B	Cat C
<i>Example: ASOA Annual Meeting</i>	<i>Washington, D.C. 2022</i>	<i>ASOA</i>	<i>18</i>	<i>18</i>		
TOTAL						

RETURN FORMS TO:
 Email (asoa@asoa.org); fax (703-547-8827)
 Questions? Email asoa@asoa.org or call ASOA at 703-788-5777