



Continuing Education (CE) Verification Log

Full Name: _____ FP-C Number: _____ Exp. Date _____

Mailing Address: _____

Email Address: _____ Phone: _____

Employer: _____

I affirm that the following information is true. (sign) _____ Date: _____

CE Renewal

FP-C's seeking certification renewal must accumulate 100 Contact Hours (continuing education credits) within the four-year period prior to certification expiration. At least 75 of the contact hours must be in the CLINICAL category, and up to 25 may be in the OTHER category.

Directions

- 1 Print or type all information legibly. Please refer to the CE guidelines for more information. This form may be photocopied. Submit your verification log, copies of CE documents and required fees to: BCCTPC, Attn: CE Renewal, 4835 Riveredge Cove, Snellville, GA 30039 or, FAX to 678-261-1895, or email a PDF file to mnewman@bcctpc.org (include name and FP-C Renewal in subject line.)
- 2 Retain photocopies for your records.

Category: Continuing Education Courses

Program Title	Date(s) of Program	Sponsoring Organization	Clinical CE's Awarded	Other CE's Awarded
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
TOTAL				

- Over -

Category: Publications

Name of Publication	Publish or Copyright Date	Type of Publication	Author or Editor	Clinical CE's Awarded	Other CE's Awarded
1.					
2.					
3.					
TOTAL					

Category: Item Writing

Name of Professional Exam	Month/Year when Questions were Written	Number of Questions Written	Clinical CE's Awarded	Other CE's Awarded
1.				
2.				
3.				
TOTAL				

Category: Presentations/Lectures

Conference Name	Lecture Title	Date of Lecture	Clinical CE's Awarded	Other CE's Awarded
1.				
2.				
3.				
TOTAL				

Category: Preceptorship

(Contact hours are earned only when you provide training to a student for a quarter, semester or trimester)

Name of Academic Course (provided practical training)	Month/Year	Semester, Quarter or Trimester	Number of Course Credit Hours (the student earned)	Clinical CE's Awarded	Other CE's Awarded
1.					
2.					
3.					
TOTAL					

Category: Academia

Name of Academic Course	Month/Year	Semester, Quarter or Trimester	Total Course Credit Hrs	Grade	Clinical CE's Awarded	Other CE's Awarded
1.						
2.						
3.						
TOTAL						

Total Clinical CE: _____ Total Other CE: _____