South Carolina Association of School Business Officials Certification Program

Annual Continuing Education Form

This form must be submitted to the Certification Committee by February 15th, of the year following the reporting year along with the $10 filing fee.

Name _____
District _____
Street Address _____
City _____
State _____
Zip _____
Email _____
Phone _____

Certification Level: _____

Reporting Year: _____

Name of Sponsor and Location of Program	Title of Course	Name of Instructor	Dates attended	Carryover Hours	Personal Development Hours	Self-Study Hours	All Other Hours	
			Total	-	-	-	-	-

I acknowledge that I am responsible for maintaining my own CPE records along with any substantiating documentation for a period of five (5) years. I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.

Signature *Date*

For Certification Committee Use only:

Date Received _____

Approved _____