



## CONTINUING EDUCATION AUDIT REPORT FORM

For the Two year CE requirement period for February 1, 2015 - January 31, 2017

Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	<b>Presenter</b>	<b>Comments</b>				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
Provider	Program Title & Description	Location	Dates	Hours	Self Directed	HSW
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Official Use only Hrs approved	<b>Presenter</b>	<b>Comments</b>				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Official Use only Hrs approved	<b>Presenter</b>	<b>Comments</b>				
					Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	

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					No <input type="checkbox"/>	No <input type="checkbox"/>

Official Use only Hrs approved	<b>Presenter</b>	<b>Comments</b>				
						Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>

**Total Hours:** \_\_\_\_\_

**Total HSW Hours:** \_\_\_\_\_

**AFFIDAVIT**

I certify that the information submitted above is true and accurate and I have attached all required documentation. \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name of Licensed Landscape Architect      Signature of Licensed Landscape Architect      SC License Number      Daytime telephone number

SUMMARY of REQUIREMENTS:

20 hrs per two year period as per Chapter 76-6  
min 15 hrs HSW, max 5 hrs expand skills; max 8 hrs self directed (incl. public service);  
carryover allowed for excess up to 10 hrs

**Please return form and documents to:**  
[sherri.moorer@llr.sc.gov](mailto:sherri.moorer@llr.sc.gov)  
FAX (803) 896-9651

HSW = Health Safety and Welfare

\*Note: If additional space is required, attach additional pages