David Douglas School District #40

CONTINUING EDUCATION LOG
July 1, 20 ___ to June 30, 20 ___

This form is only for **CTE/OT/PT/SLP Licensed Professionals** **Name:** _____

Please list at least 10 hours of continuing education that meets the requirements of CBA Article 20(F-1) and attach certificates as proof of completion

Date	Course Title and Brief Description	Sponsor/Instructor	Hours
		Total Hours:	0.00

By signing below, I certify that the information given on this form is true and correct.

Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____