DHA CONTINUING EDUCATION LOG

CHAPCB APPROVED CE

DHA NAME: _____ Certification #:_____

Certification Period: _____ to _____

1. Submit this form as part of your renewal application.
2. Record CE activities for 2 years prior to initial/renewal certification.
3. Only 4 hours of the required 24 hours can be related to emergency medicine (this includes BLS).
4. If you have questions, please refer to Chapter 3. Continuing Education *(CHAPCB 3.10.050 and 3.10.200), Community Health Aide Program Certification Board – Standards and Procedures, as amended.* You may also contact the CHAPCB at 729-3624.

Required: Satisfactory completion of 24 hours of continuing education approved by the CHAPCB on varied or updated topics.

Total Hours: _____

Date of Completion MM/DD/YY	Sponsor	Topic	Hours

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