

Community Health Aide Program Certification Board CHA/P Certification Continuing Education Log Supplement

Page 3, CE Log Supplement

CHA/P NAME: _____ INSTRUCTIONS:

Attach this completed CE Supplemental Log after page 2 of Form 00-03 (Revised 2021-10-06).

TRAINING TITLE List trainings according to the specific requirement categories.	SPONSOR Training must be provided by an approved sponsor. See CHAPCB 3.10.100(b) Sponsorship.	Date Completed MM/DD/YYYY	MED CE hours earned	EMS CE hours earned
TOTAL CE				