

# 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).

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