**Name of Event**

**Name of presenter**

**6 CE Date Time**

**Continuing Education Credit Request**

**PLEASE PRINT CLEARLY**

**Name:**

**(As you would like it to appear on your CE Certificate)**

**Email:**

Certificates will be emailed.

**Signature (required):**

Address:

City: State:

Zip:

Phone: (\_ \_)

APA requires full attendance for all CE Activities.

CE credit **WILL NOT** be issued to attendees who miss 15 or more minutes.