



LASBO Continuing Education Annual Summary Attendance Report

Year: 2009

Name _____ Title _____

School System _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Email _____

Please list your Continuing Education Programs Attended for the Year 2009 (60 hours required for the 3-year reporting period 2008 - 2010; prorated to 40 hours for those certified 1/1/09)

Course

Program Attended: _____

Sponsoring Agency: _____ Location: _____

Dates: _____ Hours Attended: _____

Course

Program Attended: _____

Sponsoring Agency: _____ Location: _____

Dates: _____ Hours Attended: _____

Course

Program Attended: _____

Sponsoring Agency: _____ Location: _____

Dates: _____ Hours Attended: _____

Total Hours Requested _____

NOTE: Please attach appropriate documentation for each above program to confirm attendance (e.g., attendance form, certificate, program agenda, participant list, or letter of confirmation). **You may make copies of this form to list additional courses.**

Return by **January 8, 2010**, to LASBO Certification Committee, P.O. Box 1029, Gonzales, LA 70707-1029, ATTN: Billie Tripp