

Licensed Site Professional Continuing Education Course Summary Form

PLEASE TYPE

(LSP Number)

(LSP Name)

I certify that during my last term of licensure I obtained the following LSP Board Continuing Education credits:

I. DEP courses		Check here if classified as Regulatory	Credits	Date(s)
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
				Sub-total (Section I)

II. All other courses (not already listed in the Section I above)				
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
LSP course number	Course Name	<input type="checkbox"/>	_____	_____
				Sub-Total (Section II)

Check here if 8 or more credits were Regulatory
[At least 8 credits must be Regulatory to qualify for Renewal]

	Sub-total	Sub-total	+	Sub-total	=	TOTAL CREDITS
III. Number of Credits Claimed:	Section I.	_____		_____		_____
	(At Least 12 DEP credits)			(Other)		(At least 48 TOTAL credits)

A COPY OF ALL CONTINUING EDUCATION ATTENDANCE CERTIFICATION FORMS FOR THIS REQUEST MUST BE ATTACHED. ORIGINALS MUST BE SAVED FOR TWO YEARS FROM YOUR RENEWAL DATE.
An electronic version of this form can be found at <http://www.mass.gov/lsp/files/ceucert.doc>

Check here if you need 12 or fewer additional continuing education credits to renew your license and wish to obtain a 90-day extension of your license expiration date to obtain these additional credits.

I certify, under the pains and penalty of perjury, that the above information is true and correct.

(LSP signature) _____
(date)