

## Continuing Education Approval Request & Affidavit – 5/02 (Form #CE-1)

Date \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

This Column To Be Completed by Applicant	Credit Hours	Board Use Only	
<b>Conference Sessions Requested for Approval</b> (Date, Title, Location)	Earned	Approved	Disapproved
Carryforward Hours	_____		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL</b>	_____	Reviewed by: _____	
Carryforward Hours (Above TOTAL less 12 hours) (Maximum Carryforward = 12)	_____	Approved by: _____	

**AFFIDAVIT OF COMPLIANCE:** I certify that I attended the above continuing education courses and that the hours attended are correct. By certifying that I attended the above listed courses, I understand that my license to practice Landscape Architecture in the Commonwealth of Kentucky may be revoked if I falsify any of the information or if I did not attend a listed course. I understand that the Kentucky State Board of Examiners & Registration of Landscape Architects has the right to verify my attendance to the above listed courses. I have retained in my files a registration receipt, canceled check or other acceptable verification of my attendance to the above listed course.

Signature \_\_\_\_\_

Printed or Typed Name \_\_\_\_\_

Date \_\_\_\_\_

This form must be legibly printed or typed for Board review. This form must also be signed and sealed. The Board shall audit, based upon a random selection, at least five percent (5%) and no more than fifteen percent (15%) of the registrants.

**SEAL**