

## Continuing Education Reporting: CPAHA – Tobacco Treatment Renewal

**Instructions:** Complete the form below. Please use this form for your records. In the event we need to audit your records we will ask for this log and CE documentation.

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| <b>Full Name</b>                         |  |
| <b>Date of Most Recent Certification</b> |  |
| <b>Certification Number</b>              |  |

**Section 1: Tobacco Treatment Specific CE Content (At least 10 CE credits required)**

| Activity Date(s)       | Activity Title | Activity Provider (CE Vendor Name) | Content Area (see Policy III-A; if <u>Other</u> – describe) | Activity Type (see Policy IV-B; if <u>Other</u> – describe) | CE Credit(s) Claimed |
|------------------------|----------------|------------------------------------|---|---|----------------------|
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| <b>Total Section 1</b> |                |                                    |   |   |                      |

