



CONTINUING EDUCATION AUDIT REPORT FORM

For the Two year CE requirement period for February 1, 2017 - January 31, 2019

| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
|-----------------------------------|-----------------------------|-----------------|-------|-------|---|---|
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
|-----------------------------------|-----------------------------|----------|---|-------|---|---|
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
|-----------------------------------|-----------------------------|----------|---|-------|---|---|
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
|-----------------------------------|-----------------------------|----------|---|-------|---|---|
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| Provider | Program Title & Description | Location | Dates | Hours | Self Directed | HSW |
|----------|-----------------------------|----------|-------|-------|---|---|
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | |
|-----------------------------------|------------------|-----------------|--|--|--|---|
| Official Use only Hrs approved | Presenter | Comments | | | | |
| | | | | | | Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/> |

Total Hours: _____

Total HSW Hours: _____

AFFIDAVIT

I certify that the information submitted above is true and accurate and I have attached all required documentation. _____
Date

Printed/Typed Name of Licensed Landscape Architect

Signature of Licensed Landscape Architect

SC License Number

Daytime telephone number

SUMMARY of REQUIREMENTS:

20 hrs per two year period as per Chapter 76-6
min 15 hrs HSW, max 5 hrs expand skills; max 8 hrs self directed (incl. public service);
carryover allowed for excess up to 10 hrs

Please return form and documents to:

Contact.LSA@llr.sc.gov

FAX (803) 896-9651

HSW = Health Safety and Welfare

*Note: If additional space is required, attach additional pages