



OKLAHOMA BOARD OF LICENSED ALCOHOL AND DRUG COUNSELORS

CONTINUING EDUCATION ROSTER

(Please do not submit individual C. E. verification documents)

Name: _____ Total Clock Hrs _____

Signature: _____ Date: _____

Certification/License No: _____

Please provide the requested information for Continuing Education hours earned and submit this roster with your renewal fee. You will be notified if you are to submit verification materials for an audit. Fraudulent submission of continuing education will result in disciplinary action against you. Keep your verification materials on file for two years.

❁ For this roster to be approved each entry must be completed in full ❁

Please document 3 hours of ethics –Mandatory

HOURS	Workshop Name: _____ Sponsoring Agency: _____ Presentation Date: _____
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