

ARPAS CONTINUING EDUCATION UNIT (CEU) REPORTING FORM

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Member ID (If known): _____

	Title of Course or Meeting	Sponsoring Organization	Date of Meeting (Month/Year)	Contact Hours (CEUs)
1				
2				
3				
4				
5				
6				
TOTAL				

Under the possible penalty of loss of certification, I attest to the accuracy of the above information:

Signature

You can earn CEUs at most meetings/symposia/workshops **(can be approved by the Business Office. Please mail or fax a copy of the program to Yvona Vlach)** applicable to the Animal Science Professional. Each member is advised to keep copies of programs and registration receipts to verify program content and participation if called on to do so by the Examining Board or the ARPAS Governing Council. Visit www.arpas.org for additional copies of this form, to see approved meetings or to submit CEUs electronically.

**One contact hour of meeting attendance/participation equals one CEU.
 Sixteen CEUs are required each year.**

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 ARPAS Business Office
 2441 Village Green Place
 Champaign, IL 61822

E-mail to:
arpas@assoqh.org
Fax To:
 (217) 398-4119