

Name: _____

License Exp. Date: _____

License Renewal Record

YEAR 1 Name of Class Date Completed # of CE Hours

Commission Update Course			
Elective			
Elective			
Elective			
Elective			
Elective			

YEAR 2 Name of Class Date Completed # of CE Hours

Commission Update Course			
Elective			
Elective			
Elective			
Elective			
Elective			

YEAR 3 Name of Class Date Completed # of CE Hours

Commission Update Course			
Elective			
Elective			
Elective			
Elective			
Elective			

24 Total Hours Required – Including Update Courses _____