

**EXHIBIT H:**

**CONTINUING EDUCATION (CE) HOURS FOR CORE ELECTIVE CE OR  
CONTACT HOURS FOR ELECTIVE #18 VERIFICATION**

**Name:** \_\_\_\_\_  
(NAME OF APPLICANT)

Title of Program/Subject Matter (Check CE vs Contact Hour column as appropriate)	Date	# Hrs.	CE	Contact

**TOTAL:** \_\_\_\_\_

Attach copies of transcript/certificate/verification of completion.