

Continuing Education Report Form (Page 2 of 2)

AAHID would like to know what CE you have earned throughout the recertification cycle. Please list below including:

- Provider
- Course Title
- Number of CEs

If it is more convenient for you, you may submit a print out of your IDCEC record to recertify@aahid.org.

Note that this is not an audit. Audits will be selected and notified separately.

NAME: _____

AAHID Reporting Period: 1/1/19 - 12/31/20

DATE: _____

Line #	Date(s) of Activities	Sponsoring Organization	Activity	Hours	Verified By
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					