

EARLY INTERVENTION SPECIALIST CONTINUING PROFESSIONAL EDUCATION RECORD

Name: (As currently in database)	Certificate Number:	Certificate Date:
ECI Program Name: Program Number:	ECI Program Phone: (Where you can be reached)	
Signatures verify EIS has attended or completed the reported continuing professional education activities and that documentation will be maintained by the program for at least three years.		
EIS Signature: _____		
Administrative Supervisor's Signature: _____	Program Director's Signature: _____	(date)
(date)		(date)

ETHICS TRAINING (3 hours required every two years with annual CPE)

TRAINING EVENT (TITLE) *	DATES	APPROVAL # OR SUPERVISOR SIGNATURE	Number of Contact Hours Completed

CPE TRAINING (Do NOT include ETHICS training here. Ethics Training should be documented in the table above)

TRAINING EVENT (TITLE) *	DATES	APPROVAL # OR SUPERVISOR SIGNATURE	Number of Contact Hours Completed

TOTAL
Include both CPE
and ETHICS
Trainings

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