

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Aging and Disability Services Division

*Helping people. It's who we are and what we do.*



Dena Schmidt  
Administrator

### ATTENDANCE RECORD OF CONTINUING EDUCATION COURSES

<b>Name:</b>		<b>State of NV License Number:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b>	<b>Email:</b>		

**PLEASE NOTE: UNLESS AN AUDIT LETTER IS ENCLOSED WITH YOUR RENEWAL MATERIALS, NO DOCUMENTATION SHOULD ACCOMPANY THIS FORM.** Nevada Revised Statute (NRS) Chapter 437 and Nevada Administrative Code (NAC) Chapter 437 in reference to the Board of Applied Behavior Analysis state that in order to renew a license, a licensed behavior analyst or licensed assistant behavior analyst must certify to the Board that that they have completed the continuing education requirements during the 2 years immediately preceding the date he or she submits an application for renewal including, the 2 hours of evidenced-based suicide prevention and awareness education.

**Signing this form certifies that you have completed the continuing education required by NRS and NAC and that the evidence of completion of continuing education required is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONTINUING EDUCATION LOG**

*Key: Program Type: L=Learning; T=Teaching; S=Scholarship (Check one)*

*CEU Type: SPA=Suicide Prevention and Awareness; E=Ethics; SUP=Supervision; G=General CEUs (Indicate at number of CEUs earned for SPA, E, SUP, & G)*

*NOTE: Please see the [NAC Chapter 437](#) for a description of continuing education requirements*

<b>Date</b>	<b>Program Title</b>	<b>L</b>	<b>T</b>	<b>S</b>	<b>Sponsor</b>	<b>SPA</b>	<b>E</b>	<b>SUP</b>	<b>G</b>	<i><b>Total Hours Earned</b></i>

Was your evidence-based suicide prevention and awareness credit(s) completed through an ACE provider?

Yes  No