

Record of Continuing Education

AIA Membership Number:_____

Reporting Dates: From January 1, 20_____ through December 31, 20_____

Program Date	Program Title	Instructor/ Provider	Location	PDU Credit Hours HSW/Public Protection

I hereby affirm that the above information is true and accurate under penalty of law

Registrant Signature

Date

Complete this log and keep for your records. If you are notified of your inclusion in a random audit of continuing education hours, you will provide this log and all supporting documentation of participation to the West Virginia Board of Architects. You may also provide a copy of your AIA Transcript as supporting evidence. If you provide your AIA Transcript, please include a copy of your AIA membership card.