

Record of Continuing Education

Registrar	nt Name:				
WV Certi	ficate Number:				
AIA Mem	bership Number:				
Reporting	g Dates: From January 1, 20 th	rough December 31, 20			
Program Date	Program Title	Instructor/ Provider	Location	PDU Credit Hours HSW/Public Protection	
I hereby a	affirm that the above information is true	and accurate under penalty of law			
Registrar	nt 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.