

# CONTINUING EDUCATION CONTACT HOURS

*This certifies that*

*Full Name:* \_\_\_\_\_

*completed* \_\_\_\_\_ *hours of continuing education training*

*Last four of SSN* \_\_\_\_\_ *or DOB* \_\_\_\_\_

*Course Title:* \_\_\_\_\_

*Date(s):* \_\_\_\_\_

*Location:* \_\_\_\_\_

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Name of Agency or Sponsor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**ARSD 24:28:17:05. Continuing education contact hour requirements.** Continuing education contact hours shall be education-related. Continuing education training or in-service providers may include school districts, educational service agencies, education-related organizations, or health care providers. Fifteen contact hours is equal to one renewal credit. Meals and breaks may not be counted towards the calculation of contact hours.