

HE&CN Transcript Tracker 20_____

Name:			
Organization:			
Title:			
Email:			
Phone Number:			
Total CE Hours Comp	leted: Did y	ou meet the annual re	equirement? :
Course Name	Where the course was completed	Date of Course	Continuing Education Hours Received

By signing this document, I affirm that all the information above is true to the best of my knowledge

 $^{{}^*\}text{Please}$ include certificates of completion to match the hours listed if it is a non-THDA training.