

## Continuing Education Record

Name \_\_\_\_\_

List the training date and title, number of CE hours, presenter name and credentials and content area standards for **EACH** continuing education training attended. Please attach supporting documentation (certificates of attendance, etc.) of hours earned. Attach additional pages as needed.

| Training date                  | Training Title                                                                                                                                                                                                                                                                                                                                                                                                                   | CE Hours |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
| Presenter Name and Credentials | Content Area Standards                                                                                                                                                                                                                                                                                                                                                                                                           |          |
|                                | <input type="checkbox"/> Integrated health and wellness skills<br><input type="checkbox"/> Ethics<br><input type="checkbox"/> Best, promising and evidence-based practices related to the responsibilities of CPSS and CPRC<br><input type="checkbox"/> Engagement strategies including building community connections<br><input type="checkbox"/> Multiple pathways to and of recovery<br><input type="checkbox"/> Other: _____ |          |

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**Total CE Hours:** \_\_\_\_\_

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-Pub-1627 (11-22)

Updated January 12, 2023