



### **Continuing Education Form**

*In order to receive your credit, please complete this form and return them to our office either in person, via email at [habfax@azcareproviders.com](mailto:habfax@azcareproviders.com) or via fax at 602-910-5450. If applicable, please include any certificates you received. One form must be completed for EVERY video, documentary, book, or podcast episode completed. For reading material, Providers earn 1 hour of credit for every 40 pages read.*

**If filling out by hand, please print legibly**

Provider Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Complete Title of Source (documentary, video, book, podcast episode, course, etc.):

Type of source:      Documentary      Video      Book      Podcast Episode      Course

Where you completed this training:

\_\_\_\_\_

Total Hours/Minutes Completed: \_\_\_\_\_ Number of Pages (if applicable): \_\_\_\_\_

Give a brief description of the topic covered and how it relates to providing care as a Direct Care Worker:

Please give an example of how you can apply/utilize what you learned when you are out in the field as a Direct Care Worker:

**ADMINISTRATIVE USE ONLY:** Admin staff must sign to verify the source and length of the material and confirm the same source has not been used in the past). Source Verified By: \_\_\_\_\_ Date: \_\_\_\_\_