



Continuing Education Credit Form

In order to receive your credit, please complete this form and return them to our office either in person, via email at Fax@azcareproviders.com or via fax at 623-218-1216. 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: _____