

CONTACT HOUR RECORD SHEET
For submitting contact hours to the Licking County E.S.C. – L.P.D.C
for conversion to CEU's

Name: _____

Please record the following information from your contract hour attendance certificates for each professional development experience.
Please identify contact hours in whole or half hour increments.

Date	Title	Professional Development Provider	Contact hours earned	Office use only	
				CEUs	Signature
DATE	SIGNATURE			CEU TOTAL <input style="width: 40px; height: 20px;" type="text"/>	OFFICE SIGNATURE _____