

Continuing Education Verification Record

Instructions: Use this form to document your contact hours/continuing professional education units (CEs/CPEUs). Refer to the candidate handbook for specific instructions for completion of this form.

- 1. Submitting for Experiential Pathway for Lapsed credential Include copies of Certificates of Completion
- 2. Submitting for Recertification Complete form, certificate copies not required unless requested by NAWCO®

Contact Hour Equivalencies	
1 contact hour (CH) = approximately 50 or 60 minutes of actual education time. 1 C	H = 1 CPEU

Name	Certification Number		
Last	First	MI	(if applicable)

PLEASE PRINT					
Date	Title/Subject Matter/Content	Sponsor, Provider, or Institution	Location	Contact Hours	
I hereby acknowledge that the above stated activities and contact hours are valid and represent my continued					

I hereby acknowledge that the above stated activities and contact hours are valid and represent my continued education in the area of wound and/or skin care. I also understand that my representation or falsification of these activities could lead to the denial of my credential.

Sub-Total Contact Hours

1

Signature Required:



Continuing Education Verification Record

PLEASE PRINT Record of Wound and Skin Care Continuing Education				
Date	Title/Subject Matter/Content	Sponsor, Provider, or Institution	Location	Contact Hours
Sub-total from each page provided				
I hereby acknowledge that the above stated activities and contact hours are valid and				
represent my continued education in the area of wound and/or skin care. I also understand that my misrepresentation or falsification of these activities could lead to				
the denial of my credential. Total Contact Hours (Add subtotals)				