

LBAB Continuing Education Reporting Form for LBA and SCaBA - 2023/2024

Name: _____

Louisiana License / Certificate Number: L-_____ / C-_____

Date of Louisiana Licensure / Certification: _____

Total CEU Hours Completed: _____

Total CEU Ethics Hours Completed: _____

I attest that I have completed the hours reported on this document within the January 2023 - June 2024 reporting period, and I am willing to provide documentation supporting this report if needed.

Signed: _____

Any electronic signatures must be time stamped

**PLEASE NOTE IF CONFERENCE HOURS ARE LISTED INDIVIDUALLY, YOU DO NOT HAVE TO PROVIDE CERTIFICATES.
IF LISTING CONFERENCE HOURS AS A WHOLE, CERTIFICATES MUST BE ATTACHED, OR YOU WILL BE CHOSEN FOR AN AUTOMATIC AUDIT.**

CEU Category: <i>*See Below</i>	Date:	Modality: <i>(online synchronous, online asynchronous, or in person)</i>	Instructor and ACE Provider Name:	Event Title:	Number of Hours:	Number of Ethic:
<i>(Example)</i> 2	XX/XX/XXXX	online synchronous	John Smith OP-13-2368	ABA Best Practices	1	0
<i>(Example)</i> 2	XX/XX/XXXX	in person	John Smith OP-13-2368	Multiple - See Attached	12	4

**1. Academic (Learning), 2. Traditional Approved Event (Learning), 3. Instruction of Continuing Education Event (Teaching), 4. BACB Events (Learning), 5. Scholarly Activities (Scholarship)*

Office Use Only:

Date of Review: _____

Audit Results: _____

Selected for Audit: _____ Yes _____ No

_____ Compliance _____ Non-Compliance

Date Notice of Audit Sent: _____

CEU Category: <i>*See Below</i>	Date:	Modality: <i>(online synchronous, online asynchronous, or in person)</i>	Instructor and ACE Provider Name:	Event Title:	Number of Hours:	Number of Ethic:

**1. Academic (Learning), 2. Traditional Approved Event (Learning), 3. Instruction of Continuing Education Event (Teaching), 4. BACB Events (Learning), 5. Scholarly Activities (Scholarship)*