A close up of a sign

Description automatically generated

**Certified Prevention Professional (CPP)**

**Record of Continuing Education Units** (CEUs)

1. Please photocopy or print this blank form, if you need additional pages.
2. Please list a minimum of twenty (20) hours of Alcohol, Tobacco and Other Drugs (ATOD) Prevention Education AND a minimum of twenty (20) hours of General Prevention Education for a minimum of forty (40) total hours.
3. Attach a proof of attendance (i.e. transcripts with course description, certificates and/or Affidavits of Attendance) for each listed training/event.
4. Keep a copy of this completed form and attachments for your records.

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| **Name:** | Click or tap here to enter text. | **CPP Number:** | Click or tap here to enter text. |
| **Mailing Address:** | Click or tap here to enter text. | | |
| **Phone Number:** | Click or tap here to enter text. | **Date Due:** | Click or tap to enter a date. |
| **Email Address:** | Click or tap here to enter text. | **Date Submitted:** | Click or tap to enter a date. |

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| **Title of Training/Other Event Where CEUs Were Obtained** | **Location & Date(s) of Training/Other Event** | **Training/Other Event Sponsor** | **ATOD Prevention Education Hours** | **General Prevention Education Hours** | **Total Hours** |
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**Certified Prevention Professional (CPP)**

**Record of Continuing Education Units** (CEUs)

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| **Title of Training/Other Event Where CEUs Were Obtained** | **Location & Date(s) of Training/Other Event** | **Training/Other Event Sponsor** | **ATOD Prevention Education Hours** | **General Prevention Education Hours** | **Total Hours** |
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|  |  | **Total ATOD Prevention Education Hours Submitted:**  **Minimum of Twenty (20) Hours** | | |  |
|  |  | **Total General Prevention Hours Submitted:**  **Minimum of Twenty (20) Hours** | | |  |
|  |  | **GRAND TOTAL Renewal Hours Submitted:**  **Minimum of Forty (40) Hours** | | |  |