

Mississippi Autism Board

Continuing Education Reporting Form

Last Name:	First Name:	Middle Name:
License Number:		Page _____ of _____

Date	Type (1,2...)	Title of CE Activity and Presenter(s)	Name of Sponsor (Instructor/ Conference)	ACE Provider Number	Number of Contact Hours	Credit Type (Regular or Ethical)	Type of Presentation (Live or Online)	If Synchronous Online Presentation, List Date of MAB Approval
Total Hours (this page):				Total Ethics Hours (this page):				

*** Licensees are invited to voluntarily attach copies of CE certificates.

I certify that the information provided is correct and meets the necessary requirements of the Rules and Regulations of the Mississippi Autism Board.

Signature: _____

Date: _____