



State of Tennessee
 Department of Commerce and Insurance
 Board of Architectural and Engineering Examiners
 500 James Robertson Parkway Nashville, TN 37243-1142
 800-256-5758 615-741-3221 (Nashville Area) 615-532-9410 (Fax)

_____ to _____

DATE(S) OF ACTIVITY	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	NUMBER OF PDH'S EARNED	NUMBER OF PDH'S IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY
TOTAL				

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of PDH's shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ **Date:** _____ **Profession AND Previous Registration No.:** _____

Printed Name: _____ **Certificate of Registration Expiration Date:** _____

Mailing Address _____