**Documentation of Continuing Education Units (CEUs)
for NC DPI TBI Approved Providers**

* Requirement: 1.5 CEUs (15 contact hours) every 5 years
* No more than 0.5 CEUs in any one category can count toward the total CEUs claimed for renewal
* Professional development activities should pertain directly to, and enhance your knowledge of, brain injuries in the broad areas listed below
* Activities may include, but are not limited to, workshops, webinars, TBI professional learning teams, and completion of the DPI TBI online continuing education (a document outlining topics that meet renewal requirements can be found in the Additional Documents section [here](http://cidd.unc.edu/SchoolPsychology/TBI/))

Complete the chart below to document your continued professional development as it relates to brain injuries. Attach related Activity Documentation Forms or attendance certificates for each professional development activity.

|  |  |  |
| --- | --- | --- |
| Category | Title of Activities | Total CEUs Earned |
| Assessment, Interpretation, and Planning |  |  |
| Classroom Needs, Intervention, and Monitoring |  |  |
| Educational Policies and Decision-Making |  |  |
| Neuroanatomy/Development |  |  |
| Community partnerships/ Collaboration/Education |  |  |
| Specific Population/Injuries |  |  |
| Total CEUs Claimed |  |

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| **I affirm that these activities merit CEU credit in that they meet the following criteria:** 1. These activities enhanced my professional skills and/or added to my knowledge base of brain injuries, their assessment, intervention, community collaboration, and/or educational policies. 2. These activities were relevant to the professional practice of school psychology and the care of students with brain injuries. My signature attests that the information above is true and accurate, and that my 1.5 CEUs are within the 5 year period directly prior to submission of this form. My status as an approved provider will not be renewed if the hours do not meet renewal requirements. I must provide documentation of these CEUs with this renewal form. If I fail to do so, my status will no longer be valid and I cannot represent myself as an NC DPI TBI Approved Provider. I understand that falsification of this information is an ethical violation and may result in my being ineligible for future status as an NC DPI TBI Approved Provider.  |
| Signature: |  | Date |  |

**ACTIVITY DOCUMENTATION FORM**

**INSTRUCTIONS:** This form is used to document CEU activities. A separate form must be used for each activity.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Email: |  | Sponsor: |  |
| Title of Activity: |  |
| Date(s) of Activity: |  | Presenter: |  |
| Description of Activity:  |  |
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| Actual Number of Clock Hours of Participation |  |
| CEUs Earned (.1 CEU per clock hour) |  |