

CONTINUING EDUCATION ATTESTATION

Attestation of completion of continuing education requirements

I, _____, attest that:
 (Applicant's Printed Name as it appears on ID document)

✓ I have completed the continuing education requirements for my license or certificate type, according to, as applicable:

Occupation	Applicable Statute (A.R.S.) or Rule (A.A.C.)
Community Health Workers	A.A.C. R9-16-806(A)
Medical Radiologic Technologists	A.R.S. § 32-2815(D), 32-2841(E)
Speech & Hearing Professionals	A.R.S. § 36-1904(D), A.A.C R9-16-208(A)(1)(2)(3)
Doulas	A.R.S. § 36-766.01(D)

✓ Documentation of completion of the continuing education requirements is available upon request.



 Applicant's Signature

 Date (MM/DD/YYYY)