



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) [ce.aeboard@tn.gov](mailto:ce.aeboard@tn.gov)

\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

DATE(S) OF ACTIVITY	TOPIC/TITLE	INSTRUCTOR	ACTIVITY LOCATION (City, Jurisdiction)	TYPE OF ACTIVITY (check one below)	DESCRIPTION/RELEVANCE OF ACTIVITY TOWARD PROFESSIONAL DEVELOPMENT (include a synopsis and learning objectives)	START AND END TIME OF ACTIVITY	NUMBER OF PDH'S EARNED	HOW MANY OF THE PDH'S REPORTED IN THE PREVIOUS COLUMN ARE IN HEALTH, SAFETY AND WELFARE ISSUES & TECHNICAL COMPETENCY?
				<input type="checkbox"/> in-house <input type="checkbox"/> on-line <input type="checkbox"/> conference <input type="checkbox"/> professional/technical society meeting <input type="checkbox"/> other _____				
				<input type="checkbox"/> in-house <input type="checkbox"/> on-line <input type="checkbox"/> conference <input type="checkbox"/> professional/technical society meeting <input type="checkbox"/> other _____				
				<input type="checkbox"/> in-house <input type="checkbox"/> on-line <input type="checkbox"/> conference <input type="checkbox"/> professional/technical society meeting <input type="checkbox"/> other _____				

**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** \_\_\_\_\_