

**MARYLAND STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS**  
**CONTINUING EDUCATION SUMMARY SHEET**  
**REPORTING PERIOD:**

|                     |                        |
|---------------------|------------------------|
| <b>Please Print</b> |                        |
| <b>Name:</b>        | <b>License Number:</b> |

| Date(s) | Authorized Sponsor | Course Title/Citation | Activity Type (course, presentation, independent study, etc.) | Documentation | CEU's Awarded |
|---------|--------------------|-----------------------|---|---------------|---------------|
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I hereby attest that the activities listed on this form are true, and accurate of my continuing education. NOTE: The Board may request additional information or documentation to support your renewal application

Signature: \_\_\_\_\_ Date: \_\_\_\_\_