



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
CONTINUING PROFESSIONAL EDUCATION (CPE) REPORTING FORM**



Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 through - 122.
www.sccoconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM
(An original, signed and notarized form is required)

This form may be duplicated. **Print legibly or type information requested on the form in its entirety.** This form must be postmarked by **December 1st**. Each person submitting CPE must complete a separate Reporting Form.

1. Company Name: _____
2. Company License Number: _____
3. Your Legal Name: _____

(Last)
(First)
(Middle)
4. Business Relationship or Title: _____
5. Counselor License Number (if applicable) _____
6. Work Telephone Number: () - _____ 7. Fax Number: () - _____
8. E-Mail Address: _____
9. **Course Information** (Attach additional page(s) as necessary).

#	Provider	Course Title	Date(s) Attended	Hours Claimed
1.				
2.				
3.				
4.				

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

Signature

Type or Print your name

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.