



Creating
a State
of Health

PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health
Protective Health Services
Occupational Licensing
P.O. Box 268815
Oklahoma City, OK 73126-8815
Telephone: (405) 271-5243
FAX: (405) 271-5286
<http://chs.health.ok.gov>

CONTINUING EDUCATION ROSTER for LGC LICENSURE RENEWAL

Name: _____ License No: _____

Signature: _____ Date: _____

Total Clock hours: _____

Please provide the requested information for Continuing Education hours earned and submit this roster with your renewal fee. Fraudulent submission of continuing education will result in disciplinary action against you.

Please refer to Subchapter 15. Fees. and Subchapter 17. Continuing Education Requirements, of the LGC Rules and Regulations for all rules regarding continuing education.

For this roster to be approved, each entry must be completed in full including your signature and the date of your signature. You must also submit all individual verification of attendance documents.

1. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

2. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

3. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

4. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

5. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

6. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

7. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

8. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

9. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

10. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

11. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

12. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

13. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

14. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

15. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____

16. Title of Presentation: _____

Presentation Sponsor: _____ Date _____

Location of Presentation: _____ Hours Awarded: _____



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Information Update Form

OLD INFORMATION:

Name: _____ Degree: _____

Address I: _____

Address II: _____

City, State: _____ Zip: _____

Phone: _____

Place of Employment: _____

NEW INFORMATION:

Name: _____ Degree: _____

License Number (if applicable) _____

Address I: _____

Address II: _____

City, State: _____ Zip: _____

Phone: _____

Email: _____

Place of Employment: _____

Date changes become effective: _____

..... (For Board Use Only)

Date Updated: _____ Staff Initials _____