**Landscape Architectural Examining Board**

**Continuing Education Audit Form**

Name:

Registration Number:

|  |  |
| --- | --- |
| Provider Name: |  |
| How is the provider related to landscape architect field? |  |
| Instructor Name: |  |
| Instructor Contact Information: |  |
| Course Location: |  |
| Dates Attended: |  |
| Number of CEU Hours: |  |
| Course Title: |  |
| Course Description: |  |
| HSW Topics Covered: |  |