

**Continuing Professional Education
Quality Assurance Review (QAR) CPE Credit Certification**

This is to certify that the undersigned has completed fieldwork on a Quality Assurance Review, for the hours indicated listed below.

Organization that received QAR:

Name of Agency or University: _____

Point of Contact: _____

Date(s) of Fieldwork: _____

Type of Fieldwork: _____

Reviewer Information:

Name: _____

Organization: _____

Email Address: _____

Phone Number: _____

CPE Hours:

Hours of Fieldwork: _____

Hours of CPE Requested: _____

(CPE Hours are only earned for onsite fieldwork, no CPE will be awarded for activities such as making advance preparations for the review or drafting the report. Please see other guidelines below.)

Signature: _____