



**Division of
Building, Design and
Fire Professionals**

**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 68-2
Cranston, Rhode Island 02920**

**BOARD OF EXAMINATION AND
REGISTRATION OF ARCHITECTS**

CONTINUING EDUCATION REPORTING FORM

You have been selected for a random audit of the 12 Health, Safety and Welfare (HSW) Continuing Education Hours (CEHs) for EACH Calendar Year, which you are required to maintain your RI Architectural Individual Registration per Section 1.8 of the Rules and Regulations for the Board. **Please complete this form and attach proof of completion of all continuing education activities/credits.**

Failure to respond to this audit may result in the Board initiating a disciplinary action on your Rhode Island Architect Registration, including but not limited to civil penalties, suspension or revocation in accordance with R.I. Gen. Laws § 5-1-13(a) & (b)(9).

Name:

Registration Number:

FOR THE PERIOD: January 1, 2018

TO: December 31, 2019

Page: of

Date(s) or Date Range	Sponsoring Organization	Nature of Activity	Location	Speaker/Instructor	CEHs HSW For 2018	CEHs HSW For 2019
TOTAL NUMBER OF CEHs DECLARED:						

CERTIFICATION:

Under penalty of law, I hereby certify that the declared CEH hours stated herein are correct and that I personally participated and completed those programs in which the hours were earned and that those hours were in fact awarded to me:

Signature

Print Name

Date