CEUs for QEEG-D/DL & QEEG-T Recertification

Contact Hour(s) Verification Form

This form is to be used to request QEEG specific continuing education credits for QEEG-D/DL and QEEG-T recertification ONLY.

Date	Description of Mentoring Activities	Hours Spent

We hereby attest that _____ has completed the following
(Clinician #1 – QEEG-T or QEEG-D/DL)

contact hours with _____ as described below:
(Clinician #2 – QEEG-D/DL)

Clinician #1's Signature: _____ QEEGT/D/DL#: _____

Print Name: _____ Phone: _____

Clinician #2's Signature: _____ QEEGD/DL#: _____

Print Name: _____ Phone: _____

INSTRUCTIONS: This form should be uploaded to your Certemy profile as QEEG specific CEUs.