TEA Provider #500114

Continuing Professional Education (CPE) Hours

Name _____

District _____

Campus/Department _____

TCEA is registered with the State Board of Educator Certification (SBEC) as an approved provider of professional development in the state of Texas. Please use this form as a record of your attendance. Write the title, date, and CPE credit hours in the spaces below. It is the responsibility of the individual to maintain records of the sessions they attended. Retain this sheet as verification for your district and personal records.

Session Title	Date	CPE Hours

Signature _____ Date _____

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