# PEVS LPDC Final Contact Hour Log/ Requirement Checklist

Name: ______________________________ Date Submitted: ______________

Plan Approval Date: ______________

| Date | Activity | Group | Semester Hours | CEU's | Contact Hours |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | |
|---|---|---|---|---|
| 10 Contact Hours = 1 CEU | Sub Total | 0.0 | 0.0 | 0.0 |
| 30 Contact Hours = 3 CEU's = 1 Credit Hour | x | 3.0 | | 0.10 |
| 180 Contact Hours or 18 CEU's = 6 Credit Hours | | 0.0 | | 0.0 |
| Group 1 and 2 may have up to 180 hours | | | | |
| Group 3 and 4 may have up to 120 hours | Total CEU's | 0.00 | | |

Educator's Signature: ________________________________ Date: ____________

LPDC Verificaton Signature: ________________________________ Date: ____________

LPDC Final Approval Signature: ________________________________ Date: ____________