State of Hawaii Continuing Education Course Roster

Provider Name: _____ **Provider Number:** _____

Course Title: _____ **Date of Course:** _____

Course Code (as approved by the State of HI): _____ **Number of Credit Hours:** _____

PLEASE PRINT LEGIBLY

First Name	Last Name	Vendor #	License #	SS #	Sign In	Time In	Time Out	Initial

CE Course Roster Submitted by - (Print Name): _____

Signature of Submittor Authorized for Provider: _____ Date of Signature: _____