



TENNESSEE BOARD OF
EXAMINERS FOR LAND SURVEYORS
DEPARTMENT OF COMMERCE AND INSURANCE
SUMMARY LOG OF CONTINUING EDUCATION (CE) HOURS EARNED

DATE(S) OF ACTIVITY	DESCRIPTION OF ACTIVITY (Title and instructor)	SPONSORING ORGANIZATION (Name and address)	CE HRS EARNED
	TN Standards		
	Ethics		
TOTAL			

CERTIFICATION

I certify that I have completed continuing education requirements corresponding to the number of CE hours shown above for the period indicated. I understand that it is my responsibility to maintain records in support of these activities for four (4) years.

Signature: _____ Date: _____ License Number: _____

Printed Name: _____

Mailing Address: _____