



CSWMFT BOARD  
 CONTINUING EDUCATION AUDIT  
 77 South High Street 24<sup>th</sup> Floor, Room 2468  
 Columbus, Ohio 43215-6171  
 EMAIL: paula.broome@cswb.ohio.gov  
 FAX: (614)728-7790

# Audit COVER SHEET

To: AUDIT COORDINATOR  
 FAX TO: (614) 728-7790  
 E-MAIL TO: Paula.Broome@cswb.ohio.gov

This cover sheet must be completed & sent with your attendance certificates. Audit instructions can be found on <a href="https://cswmft.ohio.gov">https://cswmft.ohio.gov</a>			
Name:			
If this is a business address list the name of the business, suite number, dept. or mail code			
Address:	City:	State	zip
Daytime phone:	E-Mail:		
License number:	Last four of SSN:		
Are you practicing in the State of Ohio? YES:                      NO:	Are you using banked hours from your previous renewal? YES:                      NO:		
(For counselors and MFTs only) Of your 30 approved hours have you completed 15 in person hours? YES:                      NO:	Have you corrected all errors? YES:                      NO:		

Number of pages included:

Comments to audit coordinator: