



CSWMFT BOARD
 CONTINUING EDUCATION AUDIT
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Audit COVER SHEET

To: AUDIT COORDINATOR
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This cover sheet must be completed & sent with your attendance certificates. Audit instructions can be found on https://cswmft.ohio.gov			
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: