



Continuing Education Video Verification Form:

Name: _____ **License #** _____
 Please Print

Phone#: _____ **Email:** _____

_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature
_____	_____	_____	_____	_____
Year of Video	Speaker(s) Name	Date Viewed	Hrs	Signature

Total CE Hrs: _____

I swear or affirm that I viewed these continuing education courses in their entirety on the dates and times specified on this document.

Please return this document along with DVD's (if applicable) to the OCA office. In return, you will receive a certificate of completion for your records. If audited by the OBCE, only send them a COPY of the certificate!

Please return to:
 10570 SE Washington Street, Suite 210, Portland, OR 97216
 Phone: (503) 256.1601 Fax: (503) 256.1602 Email: info@ocanow.com