CLVLT CECs Record Form

Name: _____ CLVLT#: _____
Print Name

Please complete the table below and submit to the AOLP office along with your certification renewal payment. All documentation must be received by your expiration date as noted on your certificate.

Questions regarding the completion of this form should be directed to certification@aolpilluminate.org. AOLP reserves the right to review and verify all CEC submissions. Add additional pages if needed.

Activity/Location/Description ***(Use multiple lines/event if needed)***	**Tel. Number & Name of Class Sponsor**	**Date Completed**	**CEC Credits**

□ I attest that the above activities and credits are true and accurate.

Member Signature: _____ Date: _____

CEC recording forms MUST BE SIGNED or they will not be accepted.

OFFICE VERIFICATION: CECs Completed: _____ Payment Made: _____ Verified by: _____

1120 Route 73, Suite 200, Mount Laurel, NJ 08054 • (601) 890-2657 • certification@aolpilluminate.org