LOUISIANA STATE BOARD OF PRIVATE INVESTIGATOR EXAMINERS

2051 Silverside Dr., Baton Rouge, La. 70808 (225) 763-3556

CONTINUING EDUCATION COMPLIANCE FORM

Name: _____, _____
(Last) (First) (Middle)

Agency Name: _____

Agency Address: _____

_____

Telephone #: (_____) _____ Date of License Renewal: _____

CONTINUING EDUCATIONAL HOURS

SPONSORING ORGANIZATION	DATE ATTENDED	HOURS	INSTRUCTOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: Please attach certificate of your completion of the course(s) listed above. If more than eight (8) hours of Continuing Education are completed in one renewal period, please be advised that only the eight (8) required hours will be applied for that year, and any remaining hours are not applicable for future renewals.

I hereby swear or affirm under penalty of perjury the information in this report is, to the best of my knowledge, complete and accurate, and that I did in fact participate for the number of hours indicated in the courses listed above.

_____ _____

Investigator (Signature Required) **Instructor/Class Coordinator Signature Required)**