## PBS Continuing Education Activity Documentation Form For Endorsed PBS Facilitators

THIS IS THE ONLY FORM THAT NEEDS TO BE SUBMITTED ALONG WITH YOUR RENEWAL PAYMENT. Other documentation is not required UNLESS you are randomly chosen for audit.

Please help us to update our PBS roster by providing your current information. This will be added to our website of Endorsed PBS Facilitators in Virginia. Please do not include any information that you would not want listed on the website.

Name:			Company:					
<b>Mailing A</b>	ddress:							
City, State	, Zip:							
Email:			Phone(s):					
□ Activ	ve – accep	ting referrals, comp	oleting FBAs, creating	PBS/PCT p	lans	□ Inactive		
f your star Please mar			ere you would be willi	ng to work:				
☐ Statewick	tatewide		☐ Tidewater	☐ Peninsula Area		□Northwestern		
Northern	Northern □ Southwest		☐ South Central	Other:				
□ N/A - In	active	☐ My agency only	(Agency name:					
lease mar	k the bill	ing options that you	ı accept:					
☐ Medicaid DD Waiver			☐ DARS Provider	☐ Private Pay		Pay		
e from F he Allow	Formally able Act	Organized Learn viities guidelines.	which must be in eta ning Activities and/o the PBS Code of Ethics a	or Individue	al Profess	sional Activities per		
Ethics Romannian of Minimum of	_	ent year and maximum of	4 hours/year					
Date(s)	Hours	Activity / Organiz published if applica	ation / Title (include d ble)	ate	Location	Presenter / Author		

Revision Date July 2021 Page 1 of 2

## **Formally Organized Learning Activities**

Maximum of 10 hours/year: College/university courses, Conferences/workshops/training events, Webinars

Maximum of 6 hours/year: PBSF Forum (maximum 3 hours each forum), Formally structured discussions/professional

collaboration.

Date(s)	Hours	Activity / Title / Topic / Participants	Location / Web Address	Presenter / Author

## **Individual Professional Activities**

Maximum of 4 hours/year: Mentoring of a PBS candidate, Serving on a board

Maximum of 5 hours/year: Curriculum development

Maximum of 6 hours/year: Publication of articles or books, Presentation or training, Serving on a committee or work-group, Self-

study Audio/video recordings/podcast/computer based learning, Self-study Literature review/literature review groups.

Date(s)	Hours	Activity / Organization / Title (include date published if applicable) / Topic / Participants	Location / Web Address	Presenter / Author

Revision Date July 2021 Page 2 of 2