

PBS Continuing Education Activities Verification Form  
(Keep on file – for audit purposes only)

**Webinars or Literature Review or Audio/Video/Computer Based**

*Must be professionally oriented and related to PBS, Person Centered Thinking, other behavioral sciences, or disability related topics*

**PBSF Name:** \_\_\_\_\_

**Documenting completion of:**

Webinar     Literature Review     Audio/Video/Computer Based Learning     Podcast

**Title presentation or Recording:** \_\_\_\_\_

\_\_\_\_\_

**Author or Presenter:** \_\_\_\_\_

**Publisher or Resource or Web Address:** \_\_\_\_\_

**Publication or Recording Date (must be in the last 5 years):** \_\_\_\_\_

**Date(s) AND Times/Hours:** \_\_\_\_\_

\_\_\_\_\_

**Topics covered (recordings only):** \_\_\_\_\_

\_\_\_\_\_

**Other participants (literature review groups only):** \_\_\_\_\_

\_\_\_\_\_