

PBS Continuing Education Activities Verification Form

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): _____

Attach email or screenshot showing completed viewing