



Department of Public Safety Standards and Training
Private Investigator Licensing Program

Continuing Education Summary Form

Please complete this form and keep a copy for your records. You must include this form with your application for license renewal.
PLEASE PRINT LEGIBLY! Copy this form if additional space is needed. *Two hours of ethics are required each licensing period.

Name: _____

DPSST License Number: _____

Renewal Date: _____

Date(s) Attended	SPONSOR AND TITLE OF CE PROGRAM	HOURS
	* Ethics:	
TOTALS		

By affixing my signature, I do hereby swear or affirm under penalty of perjury all CE information 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 programs listed. I also affirm no credits are claimed that have been submitted on a previous CE Compliance Form.

Signature

Date