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| **Date of Continuing Education** | **Title of Workshop** | **Content Summary** | **Hours Received** |
| ***Example: 1/1/2015*** | ***Example: Secondhand Smoke: The Dangers*** | ***Example: Session focused on exposure to secondhand smoke.*** | ***Example: 1.5*** |
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**Directions:** Please complete this formand **attach copies** of certificates demonstrating continuing education hours received.