Indiana Board of Licensure for Professional Geologists

Continuing Education Activity Log

Name		License #:		License Renewal Date:	

	Course/Activity/Title	Provider/Instructor	Date	Time	Credits
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I certify with my signature that the above-listed events were properly attended and to the best of my knowledge, these events meet the continuing education requirements.

Signature: _____ Date: _____ Page: _____ of _____.

Duplicate this page as needed and attach all supporting documents.