

North Carolina Private Protective Services Board

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Licensee's Statement of Continuing Education Hours

Instructions: Please indicate below the continuing education (CE) hours licensee has received in the previous licensing period. Please attach a copy of the course CEU certificate for each course listed. Please note that a maximum of 6 hours may be from on-line courses.

Licensee's Name: _____
Agency Name: _____
Agency Address: _____
Telephone Number: _____ Date of License Renewal: _____

Teaching Entity	Date Attended	Name/Location of Course	CEUs Received	Course #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby affirm that the information in this document is complete and accurate and that I personally attended the listed courses for the hours indicated. I understand that the Private Protective Services Board may pursue administrative action that could result in revocation of my license should the information in this statement be found to be inaccurate.

Signature of Licensee

North Carolina License Number

Note: "If more than twelve (12) hours of Continuing Education are completed in one renewal period, please be advised that only the twelve (12) required hours will be applied for that period, and any remaining hours are not applicable for future renewals."