Anne Arundel County CASA
Continuing Education Credit Form

Date_____

Volunteer Name_____

Title_____

Author/Trainer_____

Type of continuing education: (circle one)

- **Book Review = 2 hours**
- **Video or Telecast = Hour for Hour**
- **Seminar, workshop, or Conference = Hour for Hour, please attach training outline or brochure**

Hours requested_____

Brief Synopsis:

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Office use:

Supervisor Signature_____

Hours Granted_____