



## Model Certificate of Completion/Transcript Form

### Appendix E

Provider Name  
Address  
Phone/Fax/Email  
Provider Logo

Landscape  
Architecture  
Continuing  
Education  
System™



EDUCATION  
PROVIDER

The individual named below attended the continuing education program as described.

Name:		ASLA Member number:		
Organization:		CLARB Record number:		
Address:		CSLA Member number:		
City/ST/Zip:		FL License number:		
Course Date:				
Title of Registered Course	Contact Hours	LA CES Provider Name	Format	Content Development Resources
	1.5 Hours		Lecture	Practitioner in field/school faculty
Covers Health, Safety, and Welfare	Professional Development Hours	LA CES Course Number	Grade Received (if exam used)	Material Resources
Yes	1.5 Hours			PowerPoint Presentation
Learning Objectives:				

### Provider Authorization

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Instructor Name: \_\_\_\_\_ Date: \_\_\_\_\_