



Nevada State Board of Architecture, Interior Design and Residential Design

2080 E. Flamingo Road, Suite 120, Las Vegas, Nevada 89119
 Telephone: (702) 486-7300 Fax: (702) 486-7304
 E-mail: nsbaidrd@nsbaidrd.nv.gov Web: nsbaidrd.state.nv.us

2011 Continuing Education Unit (CEU) Tracking Log

Name: _____ **Registration No.:** _____

Profession: Architect Registered Interior Designer Residential Designer

License Expiration Date: _____

I am exempt from the continuing education requirement:

- First-time registration (Reg. No. higher than 6494, 177-ID and 297-P)
- Personal hardship (please attach board approval letter)

Requirements per registration period:

- 8 units in technical and professional subjects relating to the safeguarding of life, health and property and promoting the public welfare
- 2 of the 8 units **must** be research and learning relevant to building code
- A maximum of 4 units may be self-directed educational activities
- A minimum of 4 units **must** be structured educational activities

Structured (Minimum 4 CEUs Required)			
Completed (MM/DD/YYYY)	Course Title/Description Instructor, Sponsor and Location	Code-Related CEUs	Total CEU Credits
Previous year (2010) carryovers			
Self-Directed (Maximum 4 CEUs Allowed)			
Totals			

If more space is required to complete this log, please copy this page and submit additional sheets.

I wish to carry-over ___ structured educational activity CEUs to the next registration year (maximum of 4 CEUs).

***** Do not send supporting documentation with this log unless you have been audited*****

Registrants who are found to have reported false information regarding their continuing education activities may be subject to disciplinary action by the board, which may include administrative penalties and/or revocation of their registration. A copy of this form and supporting documentation should be kept for three years after the end of the registration period for which credit is claimed.

My signature below certifies that I have completed the above continuing education activities for the registration period described herein.

Printed Name _____ Signature _____ Date _____