

# APA Personnel Certification - Continuing Education Training Log

**CE Requirement:** Certificate holders must complete 12 hours of continuing education during each 3 year renewal period.

**Types of CE accepted:**

- ① APA in person educational events (max. 12 CEUs; 6 CEUs per event)
- ② In person education through approved providers, such as CSI/NPCA/World of Concrete/AIA (max. 8 CEUs; 1 CEU for each 1 hour of education)
- ③ Review Company Procedures (max. 2 CEU; 1 CEU for each 1 hour of review)
- ④ Review Case Studies / Industry Articles (max. of 3 CEUs; 1 CEU for every three articles)
- ⑤ Review/Update Plant's QC Manual (max. 2 CEUs; for each 1 hour of review)
- ⑥ Other training such as plant tours, site visits, lunch & learns, webinars, online education, mentorship, OSHA courses, etc. (max.of 6 CEUs; 1 CEU for 1 hour of education)

<b>Certificant's Name:</b>	
<b>Plant Name:</b>	

BATCH PLANT OPERATOR / QC I / QCII						Official Use Only
CE TYPE	Date of Course / Education	Provider Name (APA, AIA, Periodical Name, etc.)	Name of: A) Educational Session, Activity, or C) Article Title and Publication Date	Date(s)	Length of Course/Education /Training	COUNT
In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						
In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						
In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						
In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						
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In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						
In-Person/Web. Education Plant QC Manual Review Plant Procedure Review Article Review Other Training						

I affirm that continuing education requirements listed above were satisfactorily completed by above named employee and that I am a **direct supervisor** of this employee.

**SUPERVISOR NAME:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form must be signed, dated and submitted to the APA at [info@archprecast.org](mailto:info@archprecast.org). For questions please call 850.205.5637. If more rows are needed, please submit additional forms.