

KANE SCHOOL OF CORE INTEGRATION TEACHER TRAINING

Proof of Completion

Year End Continuing Education

- Name _____
- Address _____
- City, State, Zip _____
- Phone _____
- Email _____

What is the year that you received your certificate? _____

Please list workshops taken towards your CEC's:

Workshop Title:

Date:

Location:

Hours Completed:

Brief Description of Workshop:

Workshop Title:

Date:

Location:

Hours Completed:

Description of Workshop:

Workshop Title:

Date:

Location:

Hours Completed:

Description of Workshop:

Workshop Title:

Date:

Location:

Hours Completed:

Description of Workshop:

Total Number of Hours Completed (must be at least 30): _____

Please return this form to:

○ Kane School of Core Integration
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