



VIRGIN ISLANDS BOARD OF PSYCHOLOGY EXAMINERS
Virgin Islands Board of Psychological Examiners
Department of Health
Roy L. Schneider Hospital
1303 Hospital Ground, Suite 10
St. Thomas, VI 00802

PSYCHOLOGIST'S CONTINUING EDUCATION AFFIRMATION

Name _____

I have completed a total of _____ continuing education credits from January 2012 through December 2014, as listed below.

1. Title _____
Type of program (see guidelines) Credit Hours _____
2. Title _____
Type of program Credit Hours _____
3. Title _____
Type of program Credit Hours _____
4. Title _____
Type of program Credit Hours _____
5. Title _____
Type of program Credit Hours _____
6. Title _____
Type of program Credit Hours _____

I, _____ affirm under penalty of perjury that the statements made in this affirmation are true, accurate and correct. I have completed psychology continuing education courses as required by 27 VIC, 169g for renewal of my license.

Signature _____ Date _____

Submit this form with the appropriate documentation of the course, names of presenters and their credentials, number of credit and verification of attendance.