



Continuing Education Attendance Verification Form

Sponsor: _____ C.E. Credits: _____ Date/Time: _____
 Topic: _____ Course Code # _____ Instructor: _____

	Name (<i>Print</i>)	License Number (<i>Required</i>)	Signature (<i>Required</i>)	FACILITATOR USE ONLY
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For Facilitator Use Only

Print Name of Certified Facilitator: _____ Date: _____

Signature of Facilitator certifying completion of attendance
requirement by students.