



**Continuing Education Policy—Verification of Attendance Form**

<b>Name:</b>	<b>Certification Number:</b>
<b>Title of program/course attended:</b>	
<b>Date(s):</b>	<b>CE Hours Earned:</b>
<b>Name of sponsoring organization or school:</b>	
<b>Description:</b>	
<b>Location:</b>	
<b>Name of Presenter:</b>	
<b>Signature of Presenter or Authorized Person:</b>	