

Continuing Education Policy—Verification of Attendance Form

_____ (Name) attended the following educational activity:

| | | | |
|--------------------|---|------------------|--|
| Title: | (Title or name of program/course) | | |
| Date (s) : | | CE Hours Earned: | |
| Sponsor: | (Name of sponsoring organization, company or schol) | | |
| Description: | | | |
| | | | |
| | | | |
| Location: | | | |
| Name of Presenter: | | | |
| Signature: | (Presenter or Authorized Person) | | |
| | | | |