



CONTINUING EDUCATION VERIFICATION FORM

Program Name: \_\_\_\_\_

Date Offered: \_\_\_\_\_

Location: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Speakers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of hours attended: \_\_\_\_\_

Other pertinent information/comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the above information is true: \_\_\_\_\_

*Applicant's Signature*

*Use the below statements when a Certificate of Attendance is not available.*

I verify that \_\_\_\_\_ attended the above event.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**NOTE: When documenting more than one event, please copy this form.**