


Verification of Attendance Form
for Continuing Professional Education Activities

Name:	
Certification Number:	Title of Program/Course Attended:
Date(s): 2022.05.23	CPE Hours Earned:
Name of Sponsoring Organization:	
Description: https://www.cert.hu/magyar-informaciovedelem-napja	
Location:	
Name of Verifier or Presenter: ORMOS PAT	Signature of Verifier or Presenter: 

Instructions: Please complete all fields. Field descriptions are listed below.

Name: Name of individual claiming CPE Hours.
Certification Number: Certification Number of the applicable certification.
Title of Program/Course Attended: The title/name of the program, course or event for which CPE has been claimed.
Date(s): The dates for which the claimed program, course or event took place.
CPE Hours Earned: The number of CPE hours earned during the program, course or event.
Name of Sponsoring Organization: The name of the organization, company, school or group that held the program, course or event.
Description: A brief description of the program, course or event.
Location: Location that the program, course or event was completed.
Name of Verifier or Presenter: Name of the individual who is confirming completion of the program, course or event.
Signature of Verifier or Presenter: Signature of the individual who is confirming completion of the program, course or event.