



**Verification of Attendance Form**  
for Continuing Professional Education Activities

<b>Name:</b>	<b>Certification Number:</b>
<b>Title of Program/Course Attended:</b>	
<b>Date(s):</b>	<b>CPE Hours Earned:</b>
<b>Name of Sponsoring Organization:</b>	
<b>Description:</b>	
<b>Location:</b>	
<b>Name of Verifier or Presenter:</b>	
<b>Signature of Verifier or Presenter:</b>	

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.