



CONTINUING EDUCATION VERIFICATION FORM

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

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

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

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

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

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

Total hours attended: \_\_\_\_\_

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*

***One event per form. Make additional copies to document multiple events***

