

Verification for Completion of Continuing Education Activity

I, _____, affirm that _____
(Supervisor Printed Name) (Attendee Printed Name)

completed the following continuing education activity _____
(Title of CE Activity)

which was in the form of:

- DVD/CD video or presentation
- Conference/Seminar
- Online course
- Other (please list): _____
- Videoconference/Webex:

on _____ beginning at _____ and ending at _____
(Date of Program) (start time am/pm) (end time am/pm)

for a total of _____ hours/minutes.
(Amount of Hours/Minutes)

(Signature of Supervisor)

(Date)