

Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX A: VERIFICATION OF CONTINUING EDUCATION ATTENDANCE FORM

Use this form only if a Certificate of Attendance was not issued

I VERIFY THAT (NAME)

ATTENDED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

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