

# 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 B: VERIFICATION OF PRESENTATION/TEACHING ACTIVITY FORM

\_\_\_\_\_  
I VERIFY THAT (NAME)

\_\_\_\_\_  
PRESENTED (TITLE OF CLASS)

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

\_\_\_\_\_  
THE PRESENTATION WAS REPEATED ON (DATES)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

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

\_\_\_\_\_  
DATE



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