## 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 G: VERIFICATION OF INVOLVEMENT IN A PROFESSIONAL ORGANIZATION FORM

I VERIFY THAT (NAME)		
HAS SERVED AS AN OFFICER	(NAME OF OFFICE HELD)	
HAS SERVED AS A COMMITTE	E/TASK FORCE MEMBER (NAME OF COMMITTEE OR TASK FORCE)	
NAME OF PROFESSIONAL OR	GANIZATION	DATES
SIGNATURE	EMAIL ADDRESS TELI	EPHONE NUMBER
TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE DATE		
	RIFICATION OF INVOLVEMENT IN A FESSIONAL ORGANIZATION FORM	
I VERIFY THAT (NAME)		
HAS SERVED AS AN OFFICER	(NAME OF OFFICE HELD)	
HAS SERVED AS A COMMITTE	E/TASK FORCE MEMBER (NAME OF COMMITTEE OR TASK FORCE)	
NAME OF PROFESSIONAL OR	GANIZATION	DATES
SIGNATURE	EMAIL ADDRESS TELI	EPHONE NUMBER
TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE DATE		