

Continuing Education Certificate of Attendance

Licensee's Name

License Number

Course Title

Date of Course Completion

Instructor's Name

Instructor's Signature

Location of Course, City and State

The method of course delivery was _____
(i.e. classroom, CD-ROM, internet, correspondence, videocassette, etc.)

There was/was not (circle one) a final exam of _____ questions.

The course contained _____ hours in required course topics.

_____ hours in elective course topics.

Subject matter of the course was within the following required topics (if applicable):

I hereby certify that the individual named herein completed the course described above and that the course meets the criteria for required or elective course topics

Certifying Licensee's Printed Name

Certifying Licensee's Signature