

Participants Eligible to Receive Continuing Education Units

Course Title: _____
(as you would like it on the certificates)

Sponsors: _____
(as you would like it on the certificates)

Course Date(s): _____ Charge certificates to Acct#: _____
(indicate system part code)

***Please print names clearly.

	Name of Participant	Hours Attended
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

The participants listed have satisfactorily completed the activity and met CEU requirements. Signature assures that participants have met the CEU criteria described in Attachment B.

Signed: _____
Activity Director

Mail Stop: _____ Phone: _____

Course Title: _____
(as you would like it on the certificates)

	Name of Participant	Hours Attended
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		