

**Continuing Education
Seminars/In-House Workshops/Meetings
Attendance Verification**

This document is to verify that _____ has attended the educational function named below for _____ hours on the date(s) noted.

Date(s) of Function: _____

Function Name: _____

Location of Function: _____

Sponsor of Function: _____

Topic of Function: _____

Signature of Function Representative

Position of Function Representative

Date of Signature