

## Participants Eligible to Receive Continuing Education Units

CE Program 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. See reverse side for submission instructions.

	Participant-First	Participant-Last	Hours Attended
1			
2			
3			
4			
5			
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12			
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14			
15			

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 / Print Name

Mail Stop: \_\_\_\_\_ Phone: \_\_\_\_\_

CE Program Title: \_\_\_\_\_  
(as you would like it on the certificates)

	<b>Participant-First</b>	<b>Participant-Last</b>	<b>Hours Attended</b>
<b>16</b>			
<b>17</b>			
<b>18</b>			
<b>19</b>			
<b>20</b>			
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