

Continuing Education Information Certificate

Registrant Name: _____ Reg. #: _____

Title of Activity _____

Sponsor or Provider of Activity _____

Date of Activity _____ Location _____

Time _____ Total PDH's Awarded - _____

Description of Activity:

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Certification By Provider/Presenter:

This is to certify that the above named individual attended and/or participated in the activity in the manner as described above.

Provider/Instructor Date Organization & Title

For State Board Auditing Use Only:

Certificate Information Reviewed; Activity is granted _____ PDH's; By: _____