

# Professional Development Hours (PDHs) Certificate

Registrant Name: \_\_\_\_\_ ND License #: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Organization/Entity Conducting Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total PDH's Claimed: \_\_\_\_\_

Description of Activity:

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## Certification By Activity Coordinator

This is to certify that the individual named above actively participated in the described activity for the period of time indicated above.

\_\_\_\_\_  
Activity Coordinator/Leader (printed name)

\_\_\_\_\_  
Activity Coordinator/Leader (signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Organization & Title