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## CONTINUING EDUCATION COURSE ATTENDANCE RECORD

**PRINT IN INK or TYPE**  
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**THIS LIST MUST BE SUBMITTED TO THE DEPARTMENT WITHIN 14 DAYS OF THE PROGRAM PRESENTATION**

SPONSOR ID NUMBER	SPONSOR NAME
COURSE ID NUMBER	COURSE NAME
PRESENTATION DATE	INSTRUCTOR NAME
PRESENTATION LOCATION	
Sheet _____ of _____	

NAME	ADDRESS (CITY/STATE)	LICENSE NUMBER	LAST 4 DIGITS OF SSN	SIGNATURE

I hereby certify that the persons listed above attended the presentation of the educational program identified above.

\_\_\_\_\_  
 SIGNATURE OF INSTRUCTOR (Mandatory) \_\_\_\_\_  
 DATE

This material can be made available in different forms, such as large print, Braille or on an Audio.