Program Attendance Verification Form

Program Title: _____

_____

Sponsoring Entity: (Company, Association, etc): _____

_____

Program Presenter(s): _____

_____

Program Date(s): _____

Program Site Location: _____

Number of Hours ATTENDED by Attendee (Clock Hours): _____

Name of Attendee: _____

As an authorized program official of the sponsoring entity, I hereby verify that

_____

attended and successfully completed the requirements of the above-mentioned program. I understand that inaccurate verification of this information can adversely affect the attendee's reporting of continuing education activity for license application/renewal. Supporting proof of Attendance is available and will be submitted if requested by the Alabama Board of Examiners For Speech-Language Pathology And Audiology with permission being granted by the attendee.

Official's Name (Print)- _____

Position- _____

Official's Contact Information:

Address- _____

_____

Phone- _____

_____ _____

Official's Signature/Date Attendee's signature/Date