

PLEASE PRINT NAME: _____

NAME OF COURSE CONTENT SUMMARY

(Use additional sheets if necessary, and be sure to sign this page.)

| | |
|---|---|
| NAME: _____ | TOTAL HOURS OF ATTENDANCE _____ |
| DATE(S): _____ | |
| LOCATION: _____ | |
| INSTRUCTOR: _____ | |
| INSTRUCTOR'S TITLE/EMPLOYER: _____ | |

| | |
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APPLICANT SIGNATURE: _____

DATE: _____

| | |
|---|--------------------------------------|
| CONTINUING EDUCATION APPROVAL | FOR OFFICIAL USE ONLY |
| Number of Contact Hours: _____ | |
| Approval Signature: _____ <small>Today's Date</small> | |