



Continuing Education Verification Form

This form should be completed by the continuing education provider. This form is only for ATC staff members who attended a live continuing education program (webinar/workshop/conference) for which a certificate of completion was not available. A live program is defined as a real-time, interactive program delivered either in person or by electronic devices that permit the participant to interact with the presenter.

Submit this form to your ATC center for approval and placement in your staff file.

Name of ATC Staff Member: _____

Continuing Education Provider and Program Information:

1. Name of Continuing Education Program: _____
2. Date: _____ Time: From _____ To _____
3. Location: _____
4. Name of Continuing Education Provider/Presenter: _____
5. Brief Description of the training(s) provided: _____

Program Attendance Verification:

Authorized Representative for the Educational Provider

| Name | Title |
|------|-------|
|------|-------|

Commented [SB1]: These lines need to be fixed

I attest that the above-named individual attended this education program for the hours specified above.

| Signature | Date |
|-----------|------|
|-----------|------|

Commented [SB2]: also these