

Continuing Education Attendance Report  
(For Certified Finance Officers Only)

This form certifies the undersigned has completed, for the hours indicated, the course listed below.

Name \_\_\_\_\_

Unit Name and Number \_\_\_\_\_

Activity Attended \_\_\_\_\_

Instructor or Sponsor \_\_\_\_\_

Date of Attendance \_\_\_\_\_

Total Continuing Education Credit Hours \_\_\_\_\_

Relates to Standard # \_\_\_\_\_

\_\_\_\_\_  
Instructor or Sponsor Signature

\_\_\_\_\_  
Sponsor Identification Number

**Send To:**

**NCASBO Executive Director  
164 Beane Run  
Rockingham, NC 28379**

**Include Documentation to Support Attendance**