Workshop_____
Location_____
Date_____

Continuing Education Units Record
_____**Hours for School**

Date: _____

Class: _____

ATTENTION ATTENDEES: PLEASE MAKE SURE YOU SIGN IN AS THIS WILL BE THE ONLY OFFICIAL RECORD OF YOUR ATTENDANCE. *YOU ARE RESPONSIBLE FOR MAINTAINING YOUR CONTINUING EDUCATION RECORDS.* WE RECOMMEND THAT YOU KEEP A COPY OF THE PROGRAM AND MARK THE SESSIONS YOU ATTENDED.

PRINT NAME	SIGNATURE	SSN (Required for NC Certification Only)	PRINT NAME	SIGNATURE	SSN (Required for NC Certification Only)
Jane Sample	Jane Sample	123-45-6789	Joe Sample	Joe Sample	987-65-4321