

ATTENDANCE VERIFICATION REPORT

Course: Post Licensing Instructor: _____

Section : Module D/Session 5 UD # 1 Credit Hours: See timeline

Date: _____ Time: _____ Location: _____

Signature of Instructor: _____

ATTENDEES

Example

B. 12345 or

S. 12345

Name (Printed) <u>As will appear on Certificate</u>	Sign In	Time In	License #

NOTE: Attendance Report shall be maintained for a period of 3 years.

Contracts (Post Licensing)
ATTENDANCE VERIFICATION REPORT

Course: **Post Licensing** Instructor: _____

Section : **Module D/Session 5** UD # **1** Credit Hours: **See Timeline**

Date: _____ Time: _____ Location: _____

Signature of Instructor: _____

ATTENDEES

Name (Printed) As will appear on Certificate	Sign OUT	Time OUT	License #

NOTE: Attendance Report shall be maintained for a period of 3 years.