



LETTERHEAD OF SPONSOR ORGANIZATION

VERIFICATION OF CONTINUING PROFESSIONAL EDUCATION CREDIT

We certify that: _____ **participated in the following continuing professional education program.**

Course title: _____

Sponsored by: _____

Instructor: _____

Date: _____

Location: _____

Technical Hours: _____

Non-Technical Hours: _____

***Total CPE Credits Earned:** _____

Instructor's signature: _____

Participant's signature: _____

* This program is designed and administered to qualify for the noted hours of credit.
However, each participant is responsible for claiming credit only for the actual hours of attendance.

