

**VERIFICATION FORMS**

I verify that (name).....

Attended (title of Course/Seminar/Workshop).....

On (date attended).....for.....hours  
**(Number of hours minus refreshment breaks)**

Presenter.....

Name of Sponsor of continuing education activity.....

Name and title of Course Instructor.....

Signature of Course Instructor.....  
**(Instructor's Seal/Stamp)\***

I verify that (name).....

Attended (title of Course/Seminar/Workshop).....

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Signature of Course Instructor.....  
**(Instructor's Seal/Stamp)\***

I verify that (name).....

Attended (title of Course/Seminar/Workshop).....

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Name of Sponsor of continuing education activity.....

Name and title of Course Instructor.....

Signature of Course Instructor.....  
**(Instructor's Seal/Stamp)\***

**\*each slip must be stamped or sealed to be valid**