

SANP CONTINUING EDUCATION VERIFICATION FORM

Name: _____ Registration #: _____

For use when the CE provider does not provide adequate proof of course completion.

Course/Seminar Title/Topic			
Name of Education Provider with Qualifications			
Location or Route of Education Delivery (ie. In-person, Webinar, etc)			
Date Taken	Start Time	End Time	#CE Hours Obtained
Verification of Attendance and Participation:			
Name of Organizer or Presenter		Signature of Organizer or Presenter	