



CE Completion Evidence Form

When a CE certificate of completion is not issued to the participant, please fill out the form below.

A) Name of the CE activity: _____

B) Number of CE credit hours claimed: _____

C) Date(s) of the CE activity: _____

D) Contact information for the CE activity:

- Presenter or coordinator name: _____

- Telephone number: _____

- Email address: _____

-or-

- Website address: _____

E) Description of the CE Activity:

F) Description of how the CE activity has built the member's knowledge and/or skills in the practice of the profession:

