YOUR COMPANY NAME

CONTACT INFO

***Certificate of Attendance***

**Attendee Name**

**(ATTENDEE)**

***TITLE OF WORKSHOP***

***Presented In-Person by: Presenter name & credentials***

***Presentation Date: Day, Month, 2017***

***At Location of Event***

***Supervision CE Content Area:*** (Foundations, Methods, Legal/Ethical, or Specialized/Advanced)

Objective 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objective 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#Amount & Type CE Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by \_\_\_\_\_\_\_\_\_\_ (#xxxx-xx) (Authorized Name/Signature)

Provider Contact Information (Company Name, address, phone number, email)