

**CPE
Accredited
Provider**



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: _____

Provider Name: _____

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For PIs*

**CPE
Accredited
Provider**



Continuing Professional Education Certificate of Attendance
- Licensure Copy-

Participant Name: _____

Registration Number: _____ Provider Code: _____

Provider Name: _____

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

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