APPROVED CONTINUING EDUCATION COURSE REPORT

Reports of courses given are to be forwarded to the North Carolina Board of Examiners on a quarterly basis.

Course Sponsor _____

Course Name _____

Contact Hours _____ Date of Course _____

Instructor's Name _____

I hereby certify that the persons listed below did in fact attend this course:

Sponsor Contact Person _____

Date Report Submitted _____

ATTENDEES NAME	NORTH CAROLINA LICENSE NUMBER

KEEP THE ORIGINAL OF SIGN-UP SHEETS- SEND COPIES TO BOARD OFFICE.

Revised 03/04