

-

		For the <b>j</b>	period of :		
Name:				Registra	ant #
Department:				Location	n:
Activity:				CEC Hours:	
Type of Activity: Details:	□ In-service	□ Training	□ Committee	□ Preceptorship	□ Other:
Name and title	:				
□ I am the fac □ I am the cha year (Lister	ilitator or creator ir of the commit d above)	of the activity tee and assert that	urs above (for staff o this individual has at I the activity as stated	tended of	_meetings in the time frame for the CEC
Sign below to o meetings atten Signature:		trant's participation	in the activity above	as well as the numb	per of participation hours and or number of
Signature.					
Activity:				CEC Hours:	
Type of Activity:	□ In-service	□ Training	Committee	□ Preceptorship	□ Other:
Details:					
Name and title:					
<ul> <li>I am the supervisor and confirm the training hours above (for staff or students)</li> <li>I am the facilitator or creator of the activity</li> <li>I am the chair of the committee and assert that this individual has attended of meetings in the time frame for the CEC year (Listed above)</li> <li>I am the registrant and assert I have completed the activity as stated above</li> </ul>					
Sign below to confirm the registrant's participation in the activity above as well as the number of participation hours and or number of meetings attended.					

Signature: