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**For the period of :**

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Name: \_\_\_\_\_ Registrant # \_\_\_\_\_  
Department: \_\_\_\_\_ Location: \_\_\_\_\_

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Activity: \_\_\_\_\_ CEC Hours: \_\_\_\_\_

Type of Activity:  In-service  Training  Committee  Preceptorship  Other:  
Details:

Name and title:

- I am the supervisor and confirm the training hours above (for staff or students)
- I am the facilitator or creator of the activity
- 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)
- I am the registrant and assert I have completed the activity as stated above

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: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_ Date: \_\_\_\_\_