



Course Title _____

CEU Credits _____

Dates _____

Instructor Name _____

Location _____

1	Print Name	Address	Phone Number	Session One (initial)
			email address	Session Two (initial)
	Sign Name		License Number	Session Three (initial)
			State	Session Three (initial)
2	Print Name	Address	Phone Number	Session One (sign)
			email address	Session Two (initial)
	Sign Name		License Number	Session Three (initial)
			State	Session Three (initial)
3	Print Name	Address	Phone Number	Session One (sign)
			email address	Session Two (initial)
	Sign Name		License Number	Session Three (initial)
			State	Session Three (initial)
4	Print Name	Address	Phone Number	Session One (sign)
			email address	Session Two (initial)
	Sign Name		License Number	Session Three (initial)
			State	Session Three (initial)