EVENT
DATE

Course Attendance

Course Title: _____

Instructor: _____

Location: _____

Length of Course: _____

In order to receive credit for this course, you must sign in!!!
Please, also initial your name after the break!!!

						Initials		
Name	**Your APA Region**	**Level I**	**Level II**	**Level III**	**Cont. Ed**	**Break**	**5 Hr. - Lunch**	**2nd Break**

Return to Regional Certification Chair

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						Initials		
Name	**Your APA Region**	**Level I**	**Level II**	**Level III**	**Cont. Ed**	**Break**	**5 Hr. - Lunch**	**2nd Break**