

PROGRAM ATTENDANCE VERIFICATION FORM

Program Title: _____

Sponsoring Entity (Company, Association, etc.): _____

Program Presenter(s): _____

Program Date: _____

Program Site Location: _____

Name of Attendee: _____

Number of Hours Attended by Attendee (clock hours): _____

As an authorized program official of the sponsoring entity, I hereby verify that _____
_____ attended and successfully completed the requirements of the above-mentioned
program. I understand that inaccurate verification of this information can adversely affect the attendee's
reporting of continuing education activity for license renewal application. Supporting proof of attendance is
available and will be submitted if requested by the Alabama Board of Examiners for Speech-Language
Pathology and Audiology (ABESPA) with permission being granted by the attendee.

Official Name (print): _____

Position: _____

Official's Contact Information:

Address: _____

Telephone Number: _____

Email Address: _____

Official's Signature
Date: _____

Attendee's Signature
Date: _____