



NOTICE:

All NDBACE files are subject to the North Dakota Open Records Law

THIS IS NOT A FORM.

Continuing Education Record of Attendance

This document is for your record-keeping purposes only. Do not submit it to the NDBACE.

Participant's License Number: _____

Last Name: _____

First Name: _____

Number of Contact Hours: _____

Name of Program: _____

Date(s) of Program: _____

Location of Program: City _____ State _____

Provider's Name: _____

Contact Person: _____ Email _____

I affirm the above continuing education contact hours have been successfully completed by the above named licensee.

Work Supervisor/Program Provider

Date