

Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX B: VERIFICATION OF PRESENTATION/TEACHING ACTIVITY FORM

I VERIFY THAT (NAME)

PRESENTED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

THE PRESENTATION WAS REPEATED ON (DATES)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

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