

# 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 C: VERIFICATION OF AUTHOR ACTIVITY FORM

I VERIFY THAT (NAME)

**has written a/an:**

- Article appearing in a newsletter or newspaper
- Journal Article
- Chapter in a Book
- Book (less than 300 pages)
- Book (more than 300 pages)

- Book review
- Original Research Article
- Pamphlet
- Research Abstract
- Unpublished Master's/Doctoral Thesis
- Written Learning Module
- Preceptor Program

**has served as/developed:**

- a Journal Reviewer
- a Textbook Editor
- as a Newsletter Editor
- educational AV's
- and presented a poster

TITLE

NAME OF PUBLICATION IN WHICH THE ABOVE APPEARED

DATE(S) OF PUBLICATION

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

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

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