

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 E: VERIFICATION OF PRECEPTING ACTIVITY FORM

I VERIFY THAT (NAME)

SERVED AS A PRECEPTOR FOR STAFF MEMBER(S)

FROM (DATE TO DATE) FOR A MINIMUM OF 80 HOURS

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

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

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