

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 G: VERIFICATION OF INVOLVEMENT IN A PROFESSIONAL ORGANIZATION FORM

I VERIFY THAT (NAME)

HAS SERVED AS AN OFFICER (NAME OF OFFICE HELD)

HAS SERVED AS A COMMITTEE/TASK FORCE MEMBER (NAME OF COMMITTEE OR TASK FORCE)

NAME OF PROFESSIONAL ORGANIZATION

DATES

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

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

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