

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 I: VERIFICATION OF COMMUNITY SERVICE ACTIVITY FORM

I VERIFY THAT (NAME)

HAS PARTICIPATED IN COMMUNITY SERVICE (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

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

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