

# 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 H: VERIFICATION OF LEGISLATIVE ACTIVITY FORM

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I VERIFY THAT (NAME)

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HAS PARTICIPATED IN A LEGISLATIVE ACTIVITY (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

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DATE(S) OF ACTIVITY

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SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

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

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