

Virtual Attendance Confirmation

Chapter Name:

Event Name:

Date of Event (MM/DD/YYYY):

Your Full Name:

Position/Title:

Email Address:

Signature:

Date Signed (MM/DD/YYYY):

- ☐ By checking this box, I certify that the above information is correct and complete to the best of my knowledge and all virtual attendees were engaging and on screen for the full time of the sessions and qualified for CPE.