

CVH Attendance Record

Date(s):

Instructor(s)
Location

Time:

Format - Check all that apply: ☐ lecture ☐ satellite conference ☐ audioconference ☐ case conference ☐ videotape
☐ Workshop ☐ other (describe)

Credits/Certificates Available: ☐ None ☐ CME ☐ Nursing Contact Hours ☐ NASW/CT
☐ General Certificate of Attendance ☐ Other (describe)

CVH employees, please: ← print your name *legibly*
↑ Enter your state employee number
→ Indicate (by number from above) the type of credit/certificate desired.

	PRINT YOUR NAME	Employee #	Credit/Certif. desired
1.			
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