

**Continuing Professional Education Certificate of Attendance  
-Attendee Copy-**

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Learning Need Code(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*

**Continuing Professional Education Certificate of Attendance  
-Licensure Copy-**

Participant Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Activity Title: \_\_\_\_\_

Activity Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Number of CPEUs Awarded: \_\_\_\_\_

\*Learning Need Code(s): \_\_\_\_\_ CPE Level: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

**RETAIN ORIGINAL COPY FOR YOUR RECORDS**

*\*Refer to your Professional Development Portfolio Learning Needs Assessment Form (Step 2)*