

CEU Verification

Name _____ School _____

Workshop Title _____

Date of Workshop _____ Time _____

This is to certify that _____ has participated in _____ hours of workshop.
Name

Signature of Workshop Presenter

OTHER SESSIONS

Workshop Title _____ Time _____

Signature of Workshop Presenter _____

Workshop Title _____ Time _____

Signature of Workshop Presenter _____

Workshop Title _____ Time _____

Signature of Workshop Presenter _____

Workshop Title _____ Time _____

Signature of Workshop Presenter _____

Total CEU Hours: _____

Return to: *Building Principal*