Course Attendance

Event_____

Date_____

Course Title_____

Instructor_____

Location_____

Length of Course_____

In order to receive credit for this course, you must sign in!!!
Please, also initial your name after the break!!!

						Initials		
Name	**Your APA Region**	**Level I**	**Level II**	**Level III**	**Cont. Ed**	**Break**	**5 Hr. – Lunch**	**2nd Break**

						Initials		
Name	Your APA Region	Level I	Level II	Level III	Cont. Ed	Break	5 Hr. – Lunch	2nd Break