

# CERTIFICATE OF ATTENDANCE

THIS CERTIFICATE IS AWARDED TO

NAME OF RECIPIENT \_\_\_\_\_

IN RECOGNITION OF YOUR ATTENDANCE AT:

NAME OF ACTIVITY \_\_\_\_\_

DATE & TIME \_\_\_\_\_

LOCATION \_\_\_\_\_

TYPE & NUMBER OF HOURS ATTENDED (EXCLUDING BREAKS)

SCIENTIFIC – GENERAL \_\_\_\_\_

SCIENTIFIC – INFECTION CONTROL \_\_\_\_\_

SCIENTIFIC – CARDIOPULMONARY RESUSCITATION \_\_\_\_\_

NON-SCIENTIFIC \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_ HOURS

ORGANIZATION \_\_\_\_\_

SIGNED BY REPRESENTATIVE OF ORGANIZATION PROVIDING THE ACTIVITY

*SIGNATURE* \_\_\_\_\_

*NAME* \_\_\_\_\_

*DATE* \_\_\_\_\_