

Section I - Participant Information

Name _____	Wk phone _____
Home address _____	Home phone _____

Section II – Inservice Provider Information

Course Title _____	Date(s) _____
Instructor _____	Hours _____
Sponsor _____	

Section III – Participant Affidavit

I, _____, swear/affirm that I earned _____ hours for actual attendance at the inservice.	
_____	_____
Signature	Date

Section IV – Inservice Provider – Verification

When signed by the approved inservice provider, this form serves as a transcript or letter of documentation that the participant fulfilled the obligation of the inservice	
_____	_____
Signature of Inservice Provider or designee	Date