

**CONTINUING EDUCATION ATTENDANCE VERIFICATION
REQUEST**

- * Doctor's Full Name (Please print): _____
- * Mailing Address: Street _____
- * Apt/Suite# _____ City _____ State _____ Zip _____
- * E-mail Address: _____
- * Day time Telephone #: _____ Fax #: _____
- * Name of Program(s): _____
- * Date of Program(s): _____
- * State: _____ License#: _____ State: _____ License#: _____ State: _____ License#: _____

***Denotes required field.**

FEES:

Category 1-If you completed an Attendance Verification Form (AVF) at the seminar *and* paid all applicable fees for CE credit and just need an official copy...

- \$25.00 per search for seminars held in the years 2006-2008
- \$50.00 per search for seminars held in the years 2003-2005
- \$75.00 per search for seminars held before 2003

Category 2-If you attended a seminar and signed in and out properly, but did *not* complete an Attendance Verification Form *and/or* did not pay any applicable fees required for proof of CE credit...

- \$100.00

Note: If an AVF cannot be located and we have to generate a certification letter, you will be charged under Category 2.

PAYMENT METHOD:

- Cash Check #: _____

Credit Card Type: MasterCard VISA American Express Discover

Card #: _____ Expiration Date: _____

Security Code: _____ (3 digits on back of card)

Signature: _____ Date: _____

NO ACTION IS TAKEN UNTIL PAYMENT HAS BEEN RECEIVED AND PROCESSED.

Fax to 770-426-2716 or mail to address at top of page.

Please allow 10-15 business days for processing.

For Official Use ONLY

- | | | | |
|---------------------|-------|----------------|-------|
| 1. Fee Process Date | _____ | Staff Initials | _____ |
| 2. AVF/Cert Letter | _____ | | |
| Mail/Fax Date | _____ | Staff Initials | _____ |