Application for Continuing Education Credit for Conference Attendance

 **CE Coordinator USE ONLY**

 Approved By:

 Entered on:

*Please fill out this form completely and send it to Joy Worland at* *joy.worland@vermont.gov* *to r**eceive Credit.*

*Note: The number and distribution of Continuing Education Units will depend on the conference, with a limit of* ***12 CEUs*** *total in all cases.*

**Your Name:**

**Name of Conference Attended**:

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| **Course or Presentation Title:** **Instructor Name: Instructor Signature: Date: Length of time:**  |
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**PLEASE READ AND SIGN BELOW**

I affirm that the information above is complete and accurate.

Attendee Printed Name: Attendee Signature: Date: