

ACTIVITY CONFIRMATION FORM

Use this form when a certificate, attendance record, or other proof of participation is unavailable.

Registrant's Name:

Department:

Location:

PERSON CONFIRMING THE ACTIVITY

☐ Supervisor

☐ Facilitator / Creator

☐ Committee chair

☐ Other:

Full name:

Title:

CEC ACTIVITY

Activity or course:

CEC hours:

Date(s) activity, course or meetings took place:

Type of activity:

☐ In-service

☐ Training

☐ Committee

☐ Preceptorship

☐ Other:

Activity details:

For committee/meeting activities only:

Number of meetings attended by registrant:

I confirm the registrant participated in the activity and the hours or meetings stated above.

Signature:

Date signed:

Complete, save, and retain this form as supporting documentation for your CEC records.