

## Continuing Education Tracking Form

This form is to allow RNs/NPs to document and provide verification of attendance at education sessions that do not provide certificates of attendance. Please ensure you complete the form in its entirety and have the form signed by your nursing manager, the presenter or a colleague who attended the session with you and can verify to the CRNNL Audit Committee that you attended the session. In certain situations, a signature may not be required: for example; where an RN/NP is submitting an agenda as verification for Formal Continuing Learning hours, a signature would not be required.

Participant Name: \_\_\_\_\_ Date of Session: \_\_\_\_\_

Topic: \_\_\_\_\_

Offered By: \_\_\_\_\_  
(organization name)

Presenter: \_\_\_\_\_  
(name and title)

Length of Program: \_\_\_\_\_ (CL Hours)

\_\_\_\_\_  
**Signature of person verifying your attendance**

\_\_\_\_\_  
**Date**