



## PARTICIPANT CONFIRMATION FORM

Complete this form to add the Professional Development Hours earned for participating in this activity to your personal record. Please note that your individual state board has the final authority on approving all Professional Development Hours for activities attended and other methods of earning credit.

**COMMITTEE #:** \_\_\_\_\_

**MEETING DATE:** \_\_\_\_\_

**MEETING LOCATION:** \_\_\_\_\_

**NUMBER OF PROFESSIONAL DEVELOPMENT HOURS:** \_\_\_\_\_

Please type or print the following information *for your records*:

Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_  
Committee Chairman's Signature  
Committee # \_\_\_\_\_