

CERTIFICATE OF ATTENDANCE FOR LIVE WEBINARS

Retain this form and submit a copy to the CCLS Certifying Board, together with an Application for Recertification, and the recertification fee no later than the date on which your current certification expires.

_____ has attended the following program approved by
the CCLS® Certifying Board for recertification hours:

Date of Program: _____

Title of Program: _____

Location: _____

Actual Length of Program (Excluding Meals): _____

This program has been approved for the following maximum hour(s): _____

Provider Name: _____

Date: _____

Provider Signature (above)

Name: _____

Title: _____

The bottom portion of this form is to be completed by the attendee
after participation in the above-referenced activity.

By signing below, I certify that I participated in the activity described above and am
therefore entitled to claim the above CCLS credit hour(s).

Print Your Name (clearly): _____

Signature: _____