

**Document provides proof of attendance verified by Employer for submission of Professional Development criteria.**

Please answers to the following questions. This information will be used for verification purposes.

Employee Name: \_\_\_\_\_ :

Employees SDAA License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ :

:

Email: \_\_\_\_\_ Location: \_\_\_\_\_ :

**Event approved for Infection Prevention Requirement or Professional Development Credit**

Date of the Event: \_\_\_\_\_ Length of Event:(1hr=1pt): \_\_\_\_\_

Where Event was held: \_\_\_\_\_ :

What the Event was about: \_\_\_\_\_

Event *Organizer Name*: \_\_\_\_\_ :

**Tell us why it was approved for IP requirements and or professional development credits for annual licensing requirements.**

**X** \_\_\_\_\_  
Employer signature approving event material



X \_\_\_\_\_  
Member signature for record of attendance

