



Proof of Attendance Authorized by Employer

This intent of this document is to provide proof of attendance verified by your employer for submission of Professional Development criteria.

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

Employee Information:

Name: _____ CDAS License #: _____

Phone Number: _____ Email: _____

Employer Information:

Name: _____

Phone Number: _____ Email: _____

Location: _____

Event approved for Infection Prevention Requirement or Professional Development Credit

Date of Event: _____ Length of Event (1hr=1pt): _____

Location of Event: _____

Description of Event (main topic, name of presentation, etc.): _____

Name of Event Organizer/Organization: _____

Tell us why it is an approved Infection Control Requirement or Professional Development Credit: _____

Employer Signature Approving Event Material

CDAS License Holder Signature for Record of Attendance