



WEBINAR / TELECONFERENCE MONITOR AFFIDAVIT

This form must be completed for attendance verification of Webinar & Teleconference courses

(To be completed and signed by the program monitor)			
Name of Course:	Date of course:	Teleconference:	<input type="checkbox"/>
		Webinar:	<input type="checkbox"/>
Address where monitoring took place:	City:	State	Zip
Monitoring verified via: (check all that apply)	<input type="checkbox"/> Visual – onsite <input type="checkbox"/> Call/Registration Log	<input type="checkbox"/> Roll Call <input type="checkbox"/> Q&A	
Printed name of Monitor:	Job title of Monitor:		
Monitor’s Company/Agency Name:	Business Phone Number:		
Business Mailing Address:	City	State	Zip

I declare that I personally observed the above program attendance and that all personnel indicated on the sign-in sheet where present for the entire presentation.

Signature of Examination Monitor
(Sing in ink only)

Date

CE Provider

CEU Institute, Inc.

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