



## 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		
Printed name of Monitor:	Job title of Monitor:				
Monitor's Company/Agency Name:	Business Phone Number:				
Business Mailing Address:	City	State	Zip		
Monitoring Verified Via: (check all that apply)					
<input type="checkbox"/> Visual – Physically Onsite	Times:				
<input type="checkbox"/> Roll Call	Times:				
<input type="checkbox"/> Polling	Times:				
<input type="checkbox"/> Q&A	Times:				
<input type="checkbox"/> Other	Times:				

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

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Signature of Examination Monitor (Sign in ink only)	Date
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