



WEBINAR MONITOR AFFIDAVIT

This form must be completed for attendance verification of Webinar courses

(To be completed and signed by the program monitor)						
Name of Course:			Date of course:			
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 <input type="checkbox"/> Roll Call <input type="checkbox"/> Polling <input type="checkbox"/> Q&A <input type="checkbox"/> Other						
		Times:				
		Times:				
		Times:				
		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.

Signature of Examination Monitor
(Sign in ink only)

Date

CE Provider

CEU Institute, Inc.

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