



PROGRAM MONITOR AFFIDAVIT

In order to meet state & certifying board accreditation requirements, an attendance monitor must be identified who will confirm attendance of onsite and/or remote attendees.

(To be completed and signed by the program monitor)

| | | | |
|--------------------------------|------------------------|---------|-----------------|
| Venue: | Face to Face | Webinar | Conference |
| Name of Course/Event: | | | Date of course: |
| Course Address: | 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 |

| <u>Monitoring Verified Via: (check all that apply)</u> | | | | | | |
|--|---|---|---|---|---|---|
| Visual – Physically Onsite | 1 | 2 | 3 | 4 | 5 | 6 |
| Roll Call (indicate times) Times: | | | | | | |
| Polling (indicate times) Times: | | | | | | |
| Q&A (indicate times) Times: | | | | | | |
| Other (provide info) | | | | | | |

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 Date

Education Provider



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 Lake Mary, FL. 32746
 800-556-3559 | www.ceuinstitute.net

Return this form along with sign-in sheets to rosters@ceuinstitute.net

Provider Director: