

# Professional Activity Form for Additional Recertification Contact Hours

This form is to accompany the additional recertification application in order to receive contact hours for professional activity.

Name \_\_\_\_\_

Email \_\_\_\_\_

Certification # \_\_\_\_\_

Telephone \_\_\_\_\_

Employer \_\_\_\_\_

**Description of Professional Activity:**

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**Date(s) of Activity:** \_\_\_\_\_

**Hours attended:** \_\_\_\_\_

**Institution or Organization Sponsoring Professional Activity:**

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**Location of Professional Activity:** \_\_\_\_\_

I \_\_\_\_\_ verify that the above named individual performed the professional activity described herein.

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Attest: Name of Trainer, President of Organization, or Project Lead

Date