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| --- | --- | --- | --- | --- | --- |
| **Activity Title (as written on CNE Coversheet):** |  | **Activity Number:** |  | **Contact Hours:** |  |
| **Did the participants register in Children’s University for this event?**  | **\_\_\_\_\_ YES \_\_\_\_\_ NO** | **Location (if non-campus-indicate city and state):**  |
| **Date:** |  | **Start Time:** |  | **Finish Time:** |  |
| **Since the submission of the continuing education application, has the date, time, or location changed? \_\_\_Yes \_\_\_\_No** |
| **Person Submitting Attendance form & phone number:** |  |

###### I VERIFY THAT THE INDIVIDUALS WHO SIGNED BELOW ATTENDED AND COMPLETED THE ACTIVITIES FOR THE NUMBER OF CONTACT HOURS

###### Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **SIGNATURE****(as shown on payroll)** | **PRINT LEGIBLY****(as shown on payroll)** | **Children’s****Employee ID** | **NON-AL License****&/or****NON-Children’s****RN/LPN license #** | **License Type/ Role** | **Unit** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |
|  | **SIGNATURE****(as shown on payroll)** | **PRINT LEGIBLY****(as shown on payroll)** | **Children’s****Employee ID** | **NON-AL License****&/or****NON-Children’s****RN/LPN license #** | **License Type/ Role** | **Unit** |
| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
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| **25** |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |