**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:**

**Date(s) of Activity:** **Hours attended:**

**Institution or Organization Sponsoring Professional Activity:**

**Location of Professional Activity:**

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

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