



For Office Use Only
Candidate File # _____

Date Received _____

NON-REGISTERED PROVIDER OF CEUs

Name

LAST	FIRST	MIDDLE
_____	_____	_____

Name of Non-Registered Sponsor

Address of Sponsor

Date(s) Attended

Subject and Title of Material for Which Credit is Requested

How does this information increase your professional competency as a CCA?

Hours Spent in Participation

Hours Claimed

(50 minutes contact time equals one hour of credit as a participant.)

If you are claiming credit from a non-registered sponsor, a completed copy of this form MUST be attached to your submission of proof of attendance and a copy of the agenda with times for credit. (These documents may be faxed.)

Signed _____

Date _____