



Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

Verification for Completion of Continuing Education Activity

I, _____, affirm that _____
(Supervisor Printed Name) (Attendee Printed Name)

completed the following continuing education activity _____
(Title of CE Activity)

which was in the form of:

DVD/CD video or presentation

Online course

Videoconference/Webex:

Conference/Seminar

Other (please list): _____

on _____ beginning at _____ and ending at _____
(Date of Program) (start time am/pm) (end time am/pm)

for a total of _____ hours/minutes.
(Amount of Hours/Minutes)

(Signature of Supervisor)