CERP ACTIVITY VERIFICATION FORM

Submit to AACN only if selected for audit. Form may be photocopied.

This form has been developed for your convenience in verifying CERP activities. The first section may be completed if a certificate of attendance at a program or in-service was not issued. The other sections may be completed to verify presentations or other professional activities that qualify for CERPs. Please do not cut this form; submit only as full page sheet.

Verification of Attendance

Certificant's Name: _____

Date(s) of attendance: _____

Title of course: _____

Hours of course (minus breaks and lunch): _____

Signature and Name of Educator/Course Instructor/Supervisor: _____

Verification of Presentation Activities

Certificant's Name: _____

Title of presentation: _____

Date(s) of presentation of the same content: _____

Number of hours (minus breaks and lunch) for each presentation: _____

Signature and Name of Educator/Course Instructor/Supervisor: _____

Verification of Professional Activities

Certificant's Name: _____

Description of activity: _____

_____

_____

Date of activity: _____

Signature and Name of Educator/Course Instructor/Supervisor: _____