Washington State Department of Social & Health Services

Transforming lives

LANGUAGE TESTING AND CERTIFICATION PROGRAM

Continuing Education Attendance Record

☐ Approved

☒ Pending Approval

DATE	TITLE OF ACTIVITY		
TIME	ORGANIZATION	PRESENTER	CREDITS

Attendee instructions: Fill out the requested information in legible print. Incomplete or illegible entries are subject to not receiving the allotted credits. Only credits from LTC approved activity and presenter will be applied toward continuing education requirements.

NAME	CERTIFICATE NUMBER (MCxxxx)	EMAIL ADDRESS	TIME IN	TIME OUT