

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Attendance

**PROGRAM NAME**

**RACE Provider Number:**

**RACE Program Number:**

**RACE Program Category:**

**RACE Delivery Method:**

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 **Participant Name Participant Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State(s) and License Numbers**

### *“This program has been approved for \_\_\_\_\_ hours of continuing education credit in jurisdictions that recognize RACE approval “.*