

Please Indicate → Provider _____ 1-Day Renewal _____

Please complete the information in order to give credit to the appropriate instructor. The order in which the instructors are listed on the form must correspond to the order of the instructors on the Course Evaluation Form.

Course No.: _____ Course Director: _____

Number	Instructor (Please Print or Type)	Instructor Candidate Y/N (Only for Provider Course)	Last 4 Digits of Social Security or Social Insurance Number	Instructor No.	Email
1.					
2.					
3.					
4.					
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8.					
9.					
10.					
11.					
12.					
13.					