

## Continuing Education Approval Program

**Participant Attendance Monitoring Form**



SIGN IN AND SIGN OUT SHEET FOR NASW CONTINUING EDUCATION APPROVAL

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| **Name of Sponsoring Organization:** | | | | | |
| **Name of Continuing Education Program: Girls Circle Facilitator Training** | | | | | |
| **Name of CE Staff Person Totaling Hours for Participants:  Victoria Mahand, Training Specialist** | | | **Signature of CE Staff Person Totaling Participant Hours** | | |
| **Location of Program: LOCATION\_TO\_EDIT** | | | **Instructor: FIELD\_REP** | **Date: START\_DATE** | |
| **Name and Address**  **(Please print clearly)** | **NASW Member?**  **Yes/No** | **Social State Work License?**  **Yes/No (If yes, list state of license)** | **Sign In/Time** | **Sign Out/ Time** |
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