AFFIDAVIT OF ATTENDANCE
OF AN EDUCATIONAL PROGRAM

* *Please type or print carefully*
* *Complete one affidavit of attendance for each educational program attended. Read instructions carefully.*
* *Return this affidavit to AAPL headquarters at the address provided below.*

PLEASE NOTE: Incomplete affidavits of attendance may be returned to participant requesting additional documentation.

March Meeting-Tom Lane, Speaker
TITLE OF EDUCATIONAL PROGRAM

(PROGRAM NUMBER)

9539

Michael Late Benedum Chapter
PROGRAM SPONSOR

March 11, 2010 Charleston, WV
DATE OF PROGRAM **CITY/STATE**

This program has been accredited for **1** RL/RPL continuing education credit(s), **1** CPL recertification credit(s), ***including*** 0 CPL/ESA recertification credit(s) and 0 Ethics credit(s), for a total of **1** credit(s). (Number of credits accredited or claimed for 100% participation in this educational program)

GENERAL INSTRUCTIONS TO PROGRAM PARTICIPANTS

RPLs, CPLs and CPL/ESAs may claim the continuing education or recertification credits that have been awarded this educational program by carefully completing and executing this affidavit of attendance and returning it to AAPL. Do not attempt to claim these continuing education or recertification credits on any other affidavit or form.

Important: If the educational program you are attending or have attended has not been previously accredited by the AAPL, you may submit this affidavit of attendance with a timed, topical agenda of the educational event for evaluation and approval.

AFFIDAVIT OF ATTENDANCE: By signing below, I certify, subject to penalties provided in the Code of Ethics within the Bylaws of the AAPL, that I attended the educational program listed above at the following level of participation:

- ☐ Full participation – 100% of the educational program.
- ☐ Partial participation - _____% of the educational program. I understand that credits will be recorded in proportion to the percentage of actual attendance of the educational program.

NAME (PRINTED): _____ **DATE:** _____

SIGNATURE: _____**RL, RPL, CPL OR CPL/ESA #** _____

COMPANY: _____

CITY, STATE: _____ **PHONE NUMBER:** (_____)_____

Return to AAPL-4100 Fossil Creek Blvd-Fort Worth, TX 76137-Ph (817) 847-7700 Fax (817) 847-7704