

ADAA FELLOWSHIP CREDIT VERIFICATION FORM

Participant's Name: (print) _____

Course Sponsor: _____

Course Title: _____

Speaker: _____

Date of Course: _____ Hours: _____

Sponsor's Signature _____

I certify that I have successfully completed the above course for CE.

Participant's Signature: _____ Date: _____

This form is to be used only when a course certificate is not given at an event. This form is not acceptable for home-study courses. 01/13

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