

**ADAA MASTERSHIP CREDIT VERIFICATION FORM**

Participant's Name: \_\_\_\_\_  
Course Provider: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Speaker's Name: \_\_\_\_\_  
Date of Course: \_\_\_\_\_ Hours Earned: \_\_\_\_\_

I certify that I have successfully participated in and completed the above course.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is to be used only when a course certificate or verification number is not given at an event.  
This form is not acceptable for homestudy courses.

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