CASLPPEI

College of Audiology and Speech-Language Pathology of PEI

CONTINUING EDUCATION AND COMPETENCY

ACTIVITY CONFIRMATION FORM

Use this form when a certificate, attendance record, or other proof of participation is unavailable.

Registrant's Name:

Department: **Location:**

PERSON CONFIRMING THE ACTIVITY

☐ Supervisor ☐ Facilitator / Creator ☐ Committee chair ☐ Mentor

☐ Other:

Full name: **Title:**

CEC ACTIVITY

Activity or course: **CEC hours:**

Date(s) activity, course or meetings took place:

Type of activity: ☐ In-service ☐ Training ☐ Committee ☐ Preceptorship

☐ Other:

Activity details:

For committee/meeting activities only:

Number of meetings attended by registrant:

I confirm the registrant participated in the activity and the hours or meetings stated above.

Signature: **Date signed:**

Complete, save, and retain this form as supporting documentation for your CEC records.