INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

Attendance Verification Form

Conference CEU Assigned Number: _____

Participant's Name: _____

Conference Title: _____

_____

General/Concurrent Session Title: _____

_____

Sponsoring Organization: _____

_____

Application Factors to Life Care Planning: _____

_____

_____

Number of Contact Hours: _____

Affidavit:

This is to verify that the named participant attended the above titled program for the duration of the specified contact hours assigned to this program.

_____ _____

Conference Chairperson Date

ICHCC: 13801 Village Mill Drive • Midlothian, Virginia 23113 • Phone (804) 378-7273