



Continuing Professional Education Certificate of Attendance
- Attendee Copy-

Participant Name: _____

Registration Number: _____ Provider Code: IL917

Provider Name: _____

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For PIs*



Continuing Professional Education Certificate of Attendance
- Licensure Copy-

Participant Name: _____

Registration Number: _____ Provider Code: IL917

Provider Name: _____

Activity Title: _____

Activity Number: _____

Date Completed: _____ Number of CPEUs Awarded: _____

*Performance Indicator(s): _____ CPE Level: _____

Provider Signature

RETAIN ORIGINAL COPY FOR YOUR RECORDS

**Refer to your Professional Development Portfolio Guide For PIs*