



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

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