



Attendance Verification for Continuing Education Credit

Individuals wishing to acquire Continuing Education Units for their attendance at this conference should complete this form. Please note, upon receiving this request, The Arc of Illinois will mail (or email) your certificate.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ License # _____

Please share what type of CEU you need - QIDP, Clinical Professional Counselor, Clinical Social Worker, Nursing Home Administrator, Social Worker, Occupational & Physical Therapists

Type of CEU Certificate: _____

Session Title a & Speaker		Time	CEU Hrs.	Approval (staff use only)
1				
2				
3				
4				
5				
6				
Total CEU's (No partial hours)				

Special Note: Continuing Education Units WILL NOT BE GRANTED without a properly completed attendance form, nor will any partial hours be counted. The Arc of Illinois will maintain record of your certificate on file for five years, pursuant to the rules of the Illinois Department of Professional Regulation.

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