



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 email (or mail, if requested) your certificate.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone (used to join): _____

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: _____ License # _____

Session Title a & Speaker	Time	CEU Hrs.	Approval (staff use only)
1			
2			
3			
4			
5			
6			
7			
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.

The Arc of Illinois
9980 190th Street, Suite C
Mokena, IL 60448
Phone: 815.464.1832 Fax: 815.464.5292
kim@thearcofil.org