

Verification Form for USAR-IP Continuing Education Credits

Name of Student Last _____ First _____

Date of Original Certification _____ Due date of renewal certification _____

Name of Project _____

Date of Project _____

Learning Center – (Please Indicate what Learning Center you are applying for CEU credits)

Center One ___ Two ___ Three ___ Four ___ Five ___.

Number of CEU's _____

Master Professional advising the project _____

Authorization:

Supervisor in charge _____

Institution _____

I verify that the student listed above has completed the requirements of the project listed.

Signature of Supervisor

Signature of Master Professional