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| **Activity Title (as written on CNE Coversheet):** | | | |  | | | | | | | **Activity Number:** |  | **Contact Hours:** |  | |
| **Did the participants register in Children’s University for this event?** | | | | | | | **\_\_\_\_\_ YES \_\_\_\_\_ NO** | | | **Location (if non-campus-indicate city and state):** | | | | | | |
| **Date:** |  | **Start Time:** |  | | | **Finish Time:** | |  |
| **Since the submission of the continuing education application, has the date, time, or location changed? \_\_\_Yes \_\_\_\_No** | | | | | | | | | | | | | | |
| **Person Submitting Attendance form & phone number:** | | | | |  | | | | | | | | | |

###### I VERIFY THAT THE INDIVIDUALS WHO SIGNED BELOW ATTENDED AND COMPLETED THE ACTIVITIES FOR THE NUMBER OF CONTACT HOURS

###### Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **SIGNATURE**  **(as shown on payroll)** | **PRINT LEGIBLY**  **(as shown on payroll)** | **Children’s**  **Employee ID** | **NON-AL License**  **&/or**  **NON-Children’s**  **RN/LPN license #** | **Title** | **Unit** |
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**\*\*\*\*\*WRITE LEGIBLY OR YOUR ATTENDANCE WILL NOT BE RECORDED IN THE COMPUTER DATABASE\*\*\*\*\***