

Psychological Association of Manitoba

VERIFICATION OF ATTENDANCE

Use this form to document Continuing Education (CE) participation only if other verifying documents are not available.

Name: _____ Membership #: _____

Membership Category: ___ C.Psych. ___ C.Psych. Candidate ___ P.A. ___ P.A. Candidate

DESCRIPTION OF EVENT:

Date(s) Attended: _____

Title of Presentation: _____

Presenter/Instructor/Leader: _____

Event Sponsor/Organizer: _____

Location of Event: City: _____ Province/State: _____

Duration of Event: _____ # of Hours of CE Credit Claimed: _____

According to PAM regulations, CE Credits are offered for events that are "materially psychological in nature" with one hour of credit claimable for each hour of participation. Please describe below how this event meets this requirement: _____

ATTESTATION:

I attest that I attended the above event:

Member Signature: _____ Date: _____

I attest that the above signed member attended the above event:

Sponsor/Organizer/Presenter/Psychologist Co-Attendee Signature: _____

(Please circle one)

Name and Position: _____