

ATTENDANCE LIST FOR A PROFESSIONAL DEVELOPMENT ACTIVITY

NAME OF THE PROVIDER

(owner of the professional development activity)

TITLE OF THE ACTIVITY

(as listed in the CSF letter confirming the recognition)

RECOGNITION NUMBER

CSF

NUMBER OF PDUs AND SUBJECT(S)

DATE OF THE ACTIVITY

TRAINER AND CERTIFICATE NUMBER

NAME OF THE PARTICIPANT (in block letters)	AMF CERTIFICATE NUMBER (MANDATORY)	SIGNATURE OF THE PARTICIPANT	DID NOT COMPLY WITH PARTICIPATION AND ATTENDANCE RULES SET FORTH BY THE CSF

I _____, responsible for monitoring attendance at this training activity, confirm that
(First and last names in block letters)

the participants listed above, unless otherwise noted, have complied with the participation and attendance rules outlined in the CSF's *Policy on Compulsory Professional Development Activities*.

Signed on _____ at _____.
(month/day/year) (location)

Signature of the person responsible for monitoring attendance

ADDITIONAL INFORMATION ABOUT THIS ATTENDANCE LIST

Participants do not have to sign this attendance list, but if the signature is mentioned, you must make sure that all participants have signed. If a participant has not signed, they might not receive PDUs.

The person responsible for monitoring attendance must make a note on this list if a participant has not complied with the CSF's rules of participation and attendance.