

# Professional Activity Form for Additional Recertification Contact Hours

This form is to accompany the additional recertification application  
in order to receive contact hours for professional activity.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Certification #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

## Description of Professional Activity:

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Date(s) of Activity: \_\_\_\_\_

Hours attended: \_\_\_\_\_

## Institution or Organization Sponsoring Professional Activity:

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Location of Professional Activity: \_\_\_\_\_

I \_\_\_\_\_ verify that the above named individual performed the professional activity described herein.

\_\_\_\_\_  
Attest: Name of Trainer, President of Organization, or Project Lead

\_\_\_\_\_  
Date