

**College of Southern Nevada  
Professional Advancement Program**

***Occupational-Related Course Work - Verification of Attendance***

This form is required if an official verification of attendance (certificate of attendance or letters from sponsoring agencies) is not available.

**Use this form to verify attendance/completion of *individual courses* attended during a conference or workshop, if the sponsoring institution/agency fails to provide one.**

**Faculty Member's Name** \_\_\_\_\_

**1. Course Title:** \_\_\_\_\_

Sponsoring Institution/Agency: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Instructor Name (print): \_\_\_\_\_

*Instructor Signature:* \_\_\_\_\_

**ATTACH a copy of brochure/course schedule to this form. Must include topics/subjects covered.**

**2. Course Title:** \_\_\_\_\_

Sponsoring Institution/Agency: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Instructor Name (print): \_\_\_\_\_

*Instructor Signature:* \_\_\_\_\_

**ATTACH a copy of brochure/course schedule to this form. Must include topics/subjects covered.**

**3. Course Title:** \_\_\_\_\_

Sponsoring Institution/Agency: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Instructor Name (print): \_\_\_\_\_

*Instructor Signature:* \_\_\_\_\_

**ATTACH a copy of brochure/course schedule to this form. Must include topics/subjects covered.**

**4. Course Title:** \_\_\_\_\_

Sponsoring Institution/Agency: \_\_\_\_\_

Date of Course: \_\_\_\_\_ Clock Hours: \_\_\_\_\_

Instructor Name (print): \_\_\_\_\_

*Instructor Signature:* \_\_\_\_\_

**ATTACH a copy of brochure/course schedule to this form. Must include topics/subjects covered.**