

**College of Southern Nevada
Professional Advancement Program**

Occupational-Related Course Work - Verification of Attendance
(Use is optional)

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, if possible: _____

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, if possible: _____

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, if possible: _____

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, if possible: _____

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