

SUGGESTED MODEL

S.C. Planning Education Advisory Committee (SCPEAC)

UNIFORM CERTIFICATE OF ATTENDANCE FOR ORIENTATION
PROGRAM AND CONTINUING EDUCATION (CE)

Sponsor: _____

Activity Title: _____

Date of Attendance: _____

Location: _____

City State Authorized Orientation Program or Course Number: _____
(as established by the Advisory Council)

The program has a total of: _____ CE credit hours (based on a 60-minute hour)

TO BE COMPLETED BY ATTENDING OFFICIAL OR EMPLOYEE

By signing below, I certify that I have attended the activity described above and am entitled to claim:

_____ Orientation Hours

_____ CE Credit Hours

I am also certifying that I attended the session with faculty and/or a professional planner as a discussant in person.

NAME OF APPOINTED OFFICIAL or EMPLOYEE (please print)

NAME OF COMMISSION or EMPLOYEE POSITION

Signature

Date