



## Professional Development Continuing Education

### CONFIRMATION OF ATTENDANCE

This is confirmation that

\_\_\_\_\_

(Please print name)

\_\_\_\_\_

(Department)

Course Attended:

\_\_\_\_\_

\_\_\_\_\_

Instructor's Signature

\_\_\_\_\_

Date

Important note to CCCC Employee: You must have the instructor sign and date this form to confirm that you were in attendance; failure to do so could result in your department being charged for this class.

**Please return signed form to [Gen Northup](#), Human Resources, CHEC, Room 344 or fax to 972-985-3778.**

Thank you!!