



NORTHERN ROCKY MOUNTAIN REGION

ATTENDANCE VERIFICATION NON-PSIA-AASI FUNCTION FOR EDUCATION CREDIT

Completed form, along with \$25.00 registration fee, must be returned to the PSIA-AASI-NRM office to receive up to 12 hours of education credits.

Application for credit will be reviewed by the CEO and the applicable discipline chair. If there are any questions you will be notified.

THIS IS TO VERIFY THAT _____
Name & Membership Number

ATTENDED THE _____ CLINIC/PROGRAM
Name of sponsoring organization/event

ON _____ AT _____
Date Location

THE GROUP LEADERS / SPEAKERS WERE:

CURRICULUM CONTENT OF THE CLINIC / PROGRAM WAS: (PLEASE ATTACH A CURRICULUM DESCRIPTION OR PROGRAM BROCHURE TO YOUR APPLICATION.)

SIGNED: _____
Clinic Leader/Director

SIGNED: _____
Participant