ATTENDANCE ROSTER



Sponsor may duplicate and use this form to document attendance. Sponsors must retain an attendance roster on file for three years in the event an attendee needs to validate attendance.

Please select one credit type (see glossary):

Category A

Category A+

*Please note: The ASRT no longer processes sign-in sheets. Every attendee should receive a certificate/documentation of completion.

General Information			
Affiliate, institution or company			
Coordinator's Name			
Address			
Address			
City		State ZIP	
Office phone ()		Fax ()	
Home phone ()		E-mail address	
Activity title			
Date presented//	Approved CE	credit amount Actual CE activity leng	th (time)
Reference No. Authorized Representative Signature (Your signature verifies that the person actually attended hours as listed. Reduced/partial credit re			de de de la Proceda de de desta (C.1)
Place of presentation, Institution, City, Sta	ate	(Your signature verifies that the person actually attended hours as listed. Re	educed/partial credit must be clearly identified.)
Attendee Roster			
Unique identifier (ASRT member ID, ARRT number, state license number, last four digits SSN)	Name (Please Print)		Hours actually attended (To be completed by sponsor)