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 length (time) _____

Reference No. ☐☐☐☐☐☐☐☐☐☐☐☐ Authorized Representative Signature _____

(Your signature verifies that the person actually attended hours as listed. Reduced/partial credit must be clearly identified.)

Place of presentation, Institution, City, State

_____

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)*

asrt