



CE Sign-in and Verification Form

Course Title: 8th Annual CCBS Ethics in Professional Practice Conference, August 2020

Hours: 1:00 – 4:00 p.m. **Date:** 8/19/17

Presentation(s) attended:

Presenter name(s):

Dates(s):

Type: Psychology CE credit **CE Credits offered:** 1 per hour

Name & Title, Degree, License _____

Email: _____ Tel. No.: _____

Lic. No.: _____ State: _____

By signing this form, I am confirming that the information entered above is correct and that I viewed the video presentation and completed the questions and evaluation forms for each.

Signature, Title, License

Date

Please email to:
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Tel.: 321-541-1972