



VERIFICATION OF ATTENDANCE

This form will be accepted as documentation of attendance for individuals applying for ASHA Assistants Certification. This form will document the completion of required prerequisite courses (ethics, universal safety precautions, and patient confidentiality) from employer-sponsored in-service activities and other organizations' continuing education and professional development activities.

Email completed documentation to assistants@asha.org

This confirms that _____
(name of attendee)

Attended (title of course):

Topic(s): _____

Completion date: _____ (must be within 2 years of application submission date)

Number of hours earned: _____

Completion Verified By:

Name of sponsoring organization or third party

Authorized individual's signature

Mailing address of sponsoring organization or third party

Telephone number

Email address