



NORTHERN ROCKY MOUNTAIN

P.O. Box 11392, Bozeman, MT 59719 • www.psia-nrm.org



ATTENDANCE VERIFICATION NON-PSIA / AASI FUNCTION FOR EDUCATION CREDIT

Completed form, along with \$20.00 registration fee, must be returned to the PSIA-NRM office to receive up to 12 hours of education credits.

Application for credit will be reviewed by the executive director and the applicable discipline chair. If there are any problems you will be notified.

THIS IS TO VERIFY THAT _____
(NAME AND MEMBERSHIP NUMBER)

ATTENDED THE _____ CLINIC / PROGRAM
(NAME OF SPONSORING ORGANIZATION / EVENT)

ON _____ AT _____
(DATES) (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)