



CERTIFICATE OF ATTENDANCE VERIFICATION FORM

This form should be completed for individuals participating in group sessions where there is only one Logon used to access the webinar and/or by individuals who participated by telephone only (did not logon to the webinar platform). Please complete the required fields marked with *. We will not be able to issue credit/certificates for incomplete submissions.

- *Name of Participant Requesting Recognition:
- *Email Address:
- *Telephone #:
- *Webinar Title:
- *Date of Webinar:
- *Site Coordinator Account Used:
- *Telephone # Used to Connect to the Session (If applicable):

Recognition Requested (Will not be processed without respective ID number):

AIA CES/AIA Cert. of Attendance	AIA #
LA CES	ASLA #
CAB Certificate	CAB #

OR

Certificate of Attendance

I attest to the fact that the above individual participated/attended for the full length of the session in accordance with the requirements** for Continuing Education Recognition.

Print the Name of the Site Coordinator:

Signature of Site Coordinator Verifying Attendance: _____

Date of request:

Deadline for submission of this request is 5 business days after the conclusion of the requested session. Fax this form to the attention of CE Coordinator at 312-413-1856 or mail to:

AccessibilityOnline
Great Lakes ADA Center
1640 W Roosevelt Road, Room 405
Chicago, IL 60608

**Requirements specified on the www.accessibilityonline.org website under "Continuing Education" page. A certificate and/or acknowledgement of recognition will be sent to you via email once attendance is verified.