

APPENDIX D

SUGGESTED MODEL

SC Planning Education Advisory Committee (SCPEAC)

**UNIFORM CERTIFICATE OF ATTENDANCE FOR ORIENTATION PROGRAM AND
CONTINUING EDUCATION (CE)**

Sponsor: _____

Activity Title: _____

Date of Attendance: _____

Location: _____

City State

Authorized Orientation Program or Course Number: _____
(as established by the Advisory Council)

This program has a total of:
_____ CE credit hours (based on a 60-minute hour)

TO BE COMPLETED BY ATTENDING OFFICIAL OR EMPLOYEE

By signing below, I certify that I attended the activity describe above and am entitled to claim:

_____ Orientation Program Hours

_____ CE Credit hours

I am also certifying that I attended the session with faculty and/or a professional planner as a discussant in person.

NAME OF APPOINTED OFFICIAL or EMPLOYEE (please print)

Signature

NAME OF COMMISSION or EMPLOYEE POSITION

Date