

## Continuing Professional Development Activity Attendance Sheet

Within two weeks of activity, please upload this completed document to your original Google Form submission.  
Please submit payment (if applicable) to Dr. Alberto Lopez, at a-lopez@neiu.edu.

Activity Title: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_ Activity Time(s): \_\_\_\_\_

Contact Person (print): \_\_\_\_\_ Contact Signature: \_\_\_\_\_

Number of Professional Development Hours Awarded: \_\_\_\_\_

Printed Name	Participant Signature	Date(s) Attended	Time(s) Attended	Fee Paid	IEIN Number