



INSTRUCTOR PROGRAM

USAR-IP CEU Verification Form

NAME OF STUDENT _____

DATE OF ORIGINAL CERTIFICATION _____

DATE OF EXPIRATION _____

NAME OF PROJECT _____

DATE OF PROJECT _____

LEARNING CENTER _____

NUMBER OF CEU'S _____

MASTER PROFESSIONAL _____

AUTHORIZATION:

SUPERVISOR IN CHARGE _____

PHONE _____ EMAIL _____

INSTITUTION _____

I verify that the student listed above completed the requirements of the listed project.

(please attach appropriate documents)

SIGNATURE OF SUPERVISOR

SIGNATURE OF MASTER PRO