



## WEBINAR MONITOR AFFIDAVIT

**This form must be completed for attendance verification of Webinar courses**

|   |  |  |                        |                 |       |
|---|--|--|------------------------|-----------------|-------|
| (To be completed and signed by the program monitor) |  |  |                        |                 |       |
| Name of Course:                                     |  |  |                        | Date of course: |       |
| Address where monitoring took place:                |  |  | City:                  |                 | State |
| Printed name of Monitor:                            |  |  | Job title of Monitor:  |                 |       |
| Monitor's Company/Agency Name:                      |  |  | Business Phone Number: |                 |       |
| Business Mailing Address:                           |  |  | City                   |                 | State |
| Monitoring Verified Via: (check all that apply)     |  |  |                        |                 |       |
| <input type="checkbox"/> Visual – Physically Onsite |  |  | Times:                 |                 |       |
| <input type="checkbox"/> Roll Call                  |  |  | Times:                 |                 |       |
| <input type="checkbox"/> Polling                    |  |  | Times:                 |                 |       |
| <input type="checkbox"/> Q&A                        |  |  | Times:                 |                 |       |
| <input type="checkbox"/> Other                      |  |  | Times:                 |                 |       |

I declare that I personally observed the above program attendance and that all personnel indicated on the sign-in sheet were present for the entire presentation.

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|  |      |
|--|------|
| Signature of Examination Monitor<br>(Sign in ink only) | Date |
|--|------|

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