

Brain Injury and Domestic Violence ECHO Program CEU Attendance Record

Participant's Contact Information PLEASE PRINT

Name:	Phone:	email:
Street:	City:	State/Zip:

Directions: **Please print legibly** – include session title and number of minutes (e.g., 60, 75, 90). Sign your name attesting to the fact that you were present during the entire session. Return this form to the conference registration desk. Contact VCU directly, approximately 3 weeks after the event, to access your CEU transcripts.

Session Title	Minutes	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Please check with your professional organization. It is solely up to the certifying agency — not VCU — whether to accept or decline VCU CEUs.

Total CE Hours _____