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| **Session Attended** | **Date/Time** |
| **ACP Facilitator Certification Virtual Course** (Live Interactive Webinar)Check the appropriate course and enter the date/time below: |
| [ ]  First Steps®  | Date: Click to enter dateTime: Click to enter time |
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***The attendee signing below attests that the attendee has been present for the entire session.***

eSignature: Date: Click to enter date

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