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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 date Time: Click to enter time |
| Next Steps™ | Date: Click to enter date Time: Click to enter time |
| Advanced Steps | Date: Click to enter date Time: Click to enter time |



***The attendee signing below attests that the attendee has been present for the entire session.***

eSignature: Date: Click to enter date

Print Name: 