

# Attendance Verification Form

This form serves as an attendance verification for the TTA Continuing Education Program. It is the responsibility of the individual to complete and submit this verification form, along with a copy of the course agenda or other documentation reflecting the hours and content of the program

Name:

Company:

Email Address:

Phone Number:

Date:

Program Name:

Sponsoring Organization:

Date(s) of Program:

Length of Program:

Program Description:

What Did You Learn?

Signature:

**PLEASE RETURN FORM BY EMAIL OR MAIL:**

The Transformer Association  
1300 Sumner Avenue  
Cleveland, Ohio 44115-2851  
Phone: (216) 241-7333  
[info@transformer-assn.org](mailto:info@transformer-assn.org)