



CONTINUING EDUCATION HOURS VERIFICATION FORM

RDT Contact Information (Please Print)

Name:		Email:	
Address:			
City:	State/Province:	ZIP	Country
Contact Phone:	RDT #	Year RDT Granted:	BCT #

COURSE DETAILS

Course Name:	
Date of Course:	
Institution where course was taken:	
Institution Address:	
Number of Course Hours:	

Verification:

I have reviewed and verified that the person named above was a participant during the times and days indicated above.

Instructor Name (Please Print)

Telephone

Email

Street Address

City

State/Province

Zip

Country

Instructor Signature

Date

RDT Submitter Signature

Date