

RE 349 (New 12-10)

# RECORD OF ATTENDANCE

NAME OF SPONSOR		DRE ISSUED 4-DIGIT SPONSOR NUMBER	
COURSE TITLE		LOCATION OF COURSE PRESENTATION	CREDIT HOURS
NAME OF PARTICIPANT		LICENSE ID NUMBER	COURSE REGISTRATION DATE

## ATTENDANCE VERIFICATION

Date	Time In	Time Out	Total Time
<b>Total Time Attended</b>			

## CERTIFICATION

*I have read and concur that the above is an accurate account of my attendance. I have also received written information describing Sponsor's refund policies regarding fees and cancellation of offering by Sponsor.*

SIGNATURE OF PARTICIPANT ➤		DATE
MAILING ADDRESS		
BUSINESS TELEPHONE NUMBER (     )	RESIDENCE TELEPHONE NUMBER (     )	
ABOVE INFORMATION VERIFIED BY: (PRINT NAME OF SPONSOR OR SPONSOR'S AUTHORIZED MONITOR)		
SIGNATURE OF MONITOR ➤		DATE

**Note:** This form must be retained in the sponsor's records for a period of five (5) years from the date attended per Commissioner's Regulation 3012.2.

**SAMPLE**

**RECOMMENDED DOCUMENT**