

COMMUNITY ASSOCIATION MANAGER CONTINUING EDUCATION ATTENDANCE VERIFICATION REPORT

Sponsor: _____ Instructor: _____

Course Title: _____ CAM# _____ Credit Hours: _____

Date: _____ Time: _____ Location: _____

Signature of Instructor: _____

ATTENDEES

| CERT Y/N | Name (Printed or Typed) | Certificate Number | Sign In | Time In | Initial Out | Time Out |
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NOTE: [116A.230 3\(d\)\(4\)](#) Attendance Report shall be maintained by the sponsor for a period of 4 years.