

Continuing Education Program

Course Attendance Form

(for submission by course presenter)
Please print clearly

Date: _____ Course: _____

Instructor: _____

Name	Address	License Number	Course Completed

Please mail to:

CEP c/o NSGWA
#3 – 644 Portland Street
Suite 417
Dartmouth, NS B2W 2M3
nsgwa@ns.aliantzinc.ca

Or e-mail to: