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| Continuing Education Class Roster |  |  |  |  |  |  |  |
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| **Title**       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Location**       |  |  |  |  |  |  |  |  |  | **Sect #** (Please Leave Blank) |  |  |  |  |  |  |
| **Time**       |  |  |  |  |  |  |  |  | **Contact Hours**  |  |  |  |  |  |  |  |  |
| **Begin Date**       |  |  |  |  |  |  |  |  | **End Date**  |  |  |  |  |
| **Day or Days**       |  |  |  |  |  |  |  |  |  | **CEU's**  |  |  |  |  |  |  |  |
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| Instructor's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_/\_\_\_\_\_\_ |
| I certify this information is accurate. Falsification of records will result in dismissal.

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| Attendance: "CHECK MARK" = Present D=Drop |
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| **MONTH/DAY** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |
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|  Instructors Initials  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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