NCICDP Session Attendee List for

_____ (course/session title)

_____ (insert date(s) _____ (insert location)

Select the delivery method and credit earned from the list below (choose one only):

☐ _____ CEUs earned* (participant should submit CEU certificate to EEC for renewal) OR

☐ _____ semester hours earned [applicant should submit official transcript to EEC] OR

☐ _____ contact hours earned (contact hours do not meet EEC renewal requirements)

** minimum of .5 CEU (5 hours) required for Early Educator Certification (EEC) Renewal*

Instructor Name: _____ EEC#: _____

By signing this attendee list I agree to receive and return an emailed survey from the North Carolina Institute for Child Development Professionals assessing this course/session. Survey recipients will be chosen randomly. The results of this survey will be used only to support the ongoing endorsement of the Adult Educator providing this session.

Name	EEC ID #	Last 4 of SS#	Email Address

As the lead adult educator, I am verifying with the submission of this attendee list that all participants listed above completed the entire course/ session as outlined in the attached agenda and have earned full credit. I am also attaching a sample certificate of completion for this session (if not offered as semester credit). I understand that this form does not replace the standard participation roster that may be needed by the Division of Child Development.

Print Name: _____

Sign Name: _____ *Current Email:* _____

Address: _____