



New Jersey Site Remediation Professional Licensing Board
Continuing Education Program - Certificate of Attendance

This certificate is issued to _____ (Name of Attendee)

Pursuant to N.J.A.C. 7:26I-4.4 By _____ (Name of Provider)

TITLE OF PROGRAM: _____

BOARD COURSE NUMBER: _____

DATE ATTENDEE ATTENDED PROGRAM: _____

FORMAT IN WHICH ATTENDEE ATTENDED PROGRAM (check one):

- In Person Attendance
- Remote Synchronous Attendance
- Asynchronous Attendance or On Demand

CREDIT FOR ATTENDANCE (specify the number of credits earned by the Attendee based on his/her attendance, up to the number approved in each category by the SRPL Board):

_____ Ethics	_____ Scientific/Technical
_____ Regulatory	_____ Professional Practice

PROVIDER: By signing this certificate, you verify that the LSRP named below earned the specified CECs.

PROVIDER REPRESENTATIVE SIGNATURE: _____

PROVIDER REPRESENTATIVE NAME: _____

PROVIDER ORGANIZATION NAME: _____

PROVIDER EMAIL AND PHONE: _____