

# Confirmation of Attendance

(Do not destroy—retain as verification of continuing education)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Course title: \_\_\_\_\_

CE hours/credits: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(instructor)

# Process Therapy Institute

595 Millich Drive, Suite 102, Campbell, CA 95008  
<http://www.processes.org> | 408-963-6694

CAMFT-approved  
continuing education  
provider #050112



595 Millich Drive, Suite 102, Campbell, CA 95008  
<http://www.processes.org> | 408-963-6694  
CAMFT-approved  
continuing education  
provider #050112

# Process Therapy Institute

Signature: \_\_\_\_\_  
(instructor)

CE hours/credits: \_\_\_\_\_ Date: \_\_\_\_\_

Course title: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Confirmation of Attendance**  
(Do not destroy—retain as verification of continuing education)