



COLLEGE OF MEDICINE  
SCHOOL OF PHYSICAL THERAPY &  
REHABILITATION SCIENCES

ATTENDANCE VERIFICATION

Each participant must complete this form before leaving the activity site. This will serve as verification of attendance.

Course Name:

Sponsor: USF School of PT

Course Number: USF # PT  Hours Earned:

<input type="text"/>	<input type="text"/>	Hours Earned <input type="text"/>
Participant's Name (PLEASE PRINT)	License #	
<input type="text"/>	<input type="text"/>	
Address	City, State, Zip	
<input type="text"/>	<input type="text"/>	Hours Earned <input type="text"/>
Participant's Name (PLEASE PRINT)	License #	
<input type="text"/>	<input type="text"/>	
Address	City, State, Zip	
<input type="text"/>	<input type="text"/>	Hours Earned <input type="text"/>
Participant's Name (PLEASE PRINT)	License #	
<input type="text"/>	<input type="text"/>	
Address	City, State, Zip	
<input type="text"/>	<input type="text"/>	Hours Earned <input type="text"/>
Participant's Name (PLEASE PRINT)	License #	
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