**SAMPLE CONTACT HOUR**

**ATTENDANCE/AWARD CERTIFICATE**

INDEPENDENT STUDY/DISTANCE LEARNING

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Identification Number (Last 4 digits of SS#)

Has earned a total of \_\_\_\_\_ contact hours of continuing education for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Program

**MEAC CONTACT HOUR ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**offered via Independent Study/Distance Education**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor

*Sponsor Name*

*Sponsor Address*

*Sponsor City, State, Zip*

*Other Contact Information*

This Continuing Education Program was approved by

Midwifery Education Accreditation Council

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