

# Continuing Professional Education GROUP INTERNET-BASED ATTENDANCE RECORD

One registered attendee must be the official proctor for the group. The proctor is responsible for validating the attendance of the attendees listed on this form. The CPE certificates will be emailed to the email addresses listed in this form. Submit this form to [webinars@kbbkg.com](mailto:webinars@kbbkg.com)

**Proctor Name:** \_\_\_\_\_

**Proctor Email:** \_\_\_\_\_

**Proctor Phone:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Course Field of Study:** \_\_\_\_\_

**Course Date:** \_\_\_\_\_

**CPE Credits:** \_\_\_\_\_

<b>1</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No
<b>2</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No
<b>3</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No
<b>4</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No
<b>5</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No
<b>6</b>	First Name, Last Name	Title	
	Email	Phone	CPA? Yes / No

I certify the listed individuals have attended the course and completed the CPE certificate minimum time required.

**X**

Proctor Signature