

**North Carolina Association of Educational Office Professionals, Inc.  
Professional Standards Program**

**Record of Workshop Attendance**

**UNIT:** \_\_\_\_\_

**Workshop Date:** \_\_\_\_\_ **Workshop Title:** \_\_\_\_\_ **Approval Number:** \_\_\_\_\_

Workshop attendees should sign the attendance record. The door keeper should note any members who leave early. Adjustments should be made on this form and on the certificate that the member receives. When completed, this form should be sent to the PSP Registrar.

No.	Attendee's Name	Attendee's Signature
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No.	Attendee's Name	Attendee's Signature
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