Judging Accreditation

Continuing Professional Educational

For Multi-Tracking Educational Clinic Hours Events

(Such as State, Regional or National USAG Congress/Clinics, or NAWGJ Clinics/Symposiums)

Name; First & Last: _____ USAG # _____

Check One: ☐ State ☐ Regional ☐ National Total Hours Achieved: _____

Name of Clinic: _____ Date: _____

Location; City, State: _____

Please complete by indicating on the grid the day/time, topic, clinician, & obtain a Signature for each session from the clinician or designated personnel. Keep this as your receipt in the event that you are audited for your CPE credits.

Day & Time	Topic	Clinician	Signature