TEXAS Department of Assistive and Rehabilitative Services

Division for Rehabilitation Services
Office for Deaf and Hard of Hearing Services

CEU Attendance Sign-In Sheet

Training Information

Title of training:		
Date(s) of training:	CEU ID number:	CEU credit:
Presenters:		

Attendees

Name (Print clearly)	**BEI or RID Certificate Number**	**Type of Certification**		
		DHHS-BEI	RID	Noncertified
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Return this form and the Sponsor Report (DARS3916) to DHHS within 10 days after the training event.