2016 Fall Webinar
Hosted by SCDCA

_____
Date of the Webinar

Organization: _____

I hereby certify that the below-referenced licensee(s) did in fact attend the referenced webinar in it's entirety. DO NOT INCLUDE dl #

Name of Counselor	*Phone from which you dialed in....*

You may attached an additional list to this form or copy as needed.

Proctor's Name (print) _____**Email** _____

Proctor's Signature _____**Date** _____

SWORN TO AND SUBSCRIBED BEFORE ME
this _____ day of _____, 2016.

_____
Notary Public for the State of _____
My Commission expires: _____