

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@kbkg.com. We may use the information you provide to send you communications from KBKG. Please see our privacy policy at <https://www.kbkg.com/privacy-policy> for more information.

Proctor Name: _____

Proctor Email: _____

Proctor Phone: _____

Company Name: _____

Company Address: _____

Course Title: _____

Course Field of Study: _____

Course Date: _____

CPE Credits: _____

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