

YELLOW SPRINGS LPDC

ACTIVITY DOCUMENTATION VOUCHER

Name of Participant _____

Activity #1
Activity Completed _____

Sponsoring Organization _____

Contact Hours _____ Date _____

Signature of Activity Supervisor _____

Activity #2
Activity Completed _____

Sponsoring Organization _____

Contact Hours _____ Date _____

Signature of Activity Supervisor _____

Activity #3
Activity Completed _____

Sponsoring Organization _____

Contact Hours _____ Date _____

Signature of Activity Supervisor _____

Name of Participant _____

FOR YSLPDC USE ONLY		
Date Processed _____	Total contact hours _____	Total CEU's _____
YSLPDC Chair Signature _____		

Attach CEU certificates or Equivalent Activity Proposal (if applicable)