Judging Accreditation
Continuing Professional Educational Clinic Hours for Multi-Track Educational Events

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

Please complete by indicating # total hours, 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.

Name _____ USAG # _____
First Last

Check One: □ State □ Regional □ National

Name of Clinic _____ Date _____

Location (City, State) _____

Total Number of Clinic Hours _____

Day & Time	Topic	Clinician	Signature		Day & Time	Topic	Clinician	Signature