



# JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

## Guardianship Certification

### Verification of Attendance

Please Type or Print Legibly

**Submit verification to:**

P O Box 12066, Austin, TX 78711-2066 or 205 W. 14<sup>th</sup> St., Ste. 600, Austin, TX 78701

(All fields must be completed. Notifications to applicants will be submitted via email.)

Applicant Information	
<b>Name of Attendee:</b> <i>(Last, Suffix, First, Middle)</i>	
<b>Certification Number:</b>	

The above-named individual attended the continuing education activity described below.

Program Information	
<b>Name of Program:</b>	
<b>Date of Program</b> <i>(mm/dd/yyyy):</i>	
<b>City &amp; State of Program:</b>	
<b>Name of Program Provider:</b>	
<b># of Ethics hours completed:</b>	
<b># of Legislative hours completed:</b>	
<b>Total # of hours completed:</b>	

Presenter/Instructor

\_\_\_\_\_  
Signature of Presenter/Instructor

\_\_\_\_\_  
Date