

**UNIVERSITY OF COLORADO HOSPITAL**  
**ATTENDANCE RECORD**  
 (ANCC APPROVED – SHORT PROGRAM 1.0 HR-3.0 HR)

Program Title:	Date:	No. of Certificates: _____
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Nurse Planner: Presenter Name:	Start Time:	End Time:
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UNIT	TITLE	EMPLOYEE NAME (PRINT CLEARLY)	SIGNATURE

*The University of Colorado Hospital is an approved provider of continuing nursing education by Western Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

**Disclosure:** The members of the Planning Committee and the Faculty have attested for this continuing education event: They do not have a vested interest, there is no commercial support, there is no commercial sponsorship and there is no endorsement of products.

- Requirements for successful completion of the educational activity:
- Required attendance at 100% of activity
  - Submission of evaluation form