

# AIA CES Course Attendance Template

Registered Providers are responsible for reporting to the AIA CES the names of ALL AIA members.  
 Use this form to record the names of all attendees AIA members who have earned credit.  
 This document or another sign in sheet must be kept on file for six (6) years with the Provider Point of Contact.



Course Title \_\_\_\_\_

Provider Number \_\_\_\_\_

Course Number \_\_\_\_\_

Provider Name \_\_\_\_\_

Name of Presenter: \_\_\_\_\_

Date of Course: \_\_\_\_\_ City/State: \_\_\_\_\_

Participants at this course: **(Please print or type)**

AIA Member	AIA Membership # (Required)	Name of Participant	Certificate* Request
1. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
2. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
3. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
4. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
5. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
6. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
7. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
8. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
9. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
10. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
11. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
12. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
13. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
14. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>
15. <input type="checkbox"/>	_____	_____	<input type="checkbox"/>

Submit these attendees within two weeks of course completion online to CES Discovery. Please do NOT mail, email, or fax this form to AIA CES.

\*It is the responsibility of the Provider to send out certificates of completion to all participants that request them.