Official Recognized Provider Attendance Record

Submit to: NATE • attn: Recognized Provider Recorder
2111 Wilson Blvd. Suite 510 • Arlington, VA 22201

Recognized Provider Name _____ Date _____

Training Location, City & State _____

Course Name _____ NATE Course # _____

NATE Approved Hours _____ Course Hours Total _____

Instructions on filling out this form:

1. If additional sheets are needed, please use copies of this sheet, not blank paper
2. Course name, number and hours must match as submitted and approved by NATE.
3. Records must be received within 60 days to receive credit. Records received after this WILL NOT GET CREDIT.
4. To receive credit, the original roll and all information must be provided. No copies or faxes will be accepted.
5. If handwriting is unclear, credit will not be given.
6. Instructors hours will only be recorded in instructors box at bottom.
7. This record must be used for single-day courses. Multi-day courses use a different form.

Technician Name Please print as it appears on your NATE ID card	**NATE ID #** **Must be included to receive credit**	**Signature**

Instructors training credit requires NATE ID #. • Course ID# 1587-0003

Name _____ Date ___/___/___ NATE ID# _____

Signature _____ Email _____

Revised 03.09