

Medical Interpreter Continuing Education Verification of Conference Sessions Attendance

To the Certification Commission for Healthcare Interpreters (CCHI):

This is to verify that (name:) _____
has attended the following **conference sessions**.

Conference: _____

Name of Conference Organization: _____

#	Date	Duration	Session Title	Presenter's Name	Presenter's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

This document may be also signed by the conference organizer:

Sponsor/Organizer's **Signature**

Date

Sponsor/ Organizer's **Name**

Email of Sponsor/Organizer