



SAMPLE ASSOCIATION

LETTERHEAD

June 10, 2006

Member Name
 Member Company
 123 Main Street
 Anywhere, MA 01545

PARTICIPANT (CEU) -- LISTING REPORT
Name: Member Name
I.D.#: 12345

Dear Continuing Education Participant:

Thank you for joining us at XXXX's Annual Conference and Exhibition in Miami, FL, April 12-16, 2005. This document will serve as evidence of successful completion of the listed continued education programs. It shows the individual programs you attended and the amount of continuing education credit you have received. Please maintain this document for your permanent records. It is the responsibility of the attendee to keep this document for the time period required by your professional licensing board.

PROGRAM	TITLE	COURSE NUMBER	CONTACT HRS
001	General Session	xxxxxxxxxxxxxxxxxxx	1.0
002	The Importance of Delivering Your Recruitment Message to the Appr...	xxxxxxxxxxxxxxxxxxx	1.0
003	Opportunities in the Rapidly Growing Phase IIIB/IV Study Grants M...	xxxxxxxxxxxxxxxxxxx	1.0
004	The Future of Site Selection	xxxxxxxxxxxxxxxxxxx	1.0
005	Issues in Clinical Research and Human Subject Protection	xxxxxxxxxxxxxxxxxxx	1.0
006	Using Training Documentation to Best Position Your Site	xxxxxxxxxxxxxxxxxxx	1.0
007	Forum Sessions	xxxxxxxxxxxxxxxxxxx	1.0
008	General Session: Diabetes reversal followed by islet regeneration...	xxxxxxxxxxxxxxxxxxx	1.0
009	Management of a Clinical Trials Office: Tools to Improve Organiza...	xxxxxxxxxxxxxxxxxxx	1.0
010	The Hidden Cost of Conducting Clinical Trials at the Site	xxxxxxxxxxxxxxxxxxx	1.0
011	Retaining Good Research Coordinators: Can It Be Done?	xxxxxxxxxxxxxxxxxxx	1.0
012	Forum Sessions (AM, PM, QA, RC, SM, TR)	xxxxxxxxxxxxxxxxxxx	1.0
013	HIPAA Privacy Rule, Two Years Later, and Now the Security Rule: I...	xxxxxxxxxxxxxxxxxxx	1.0
014	The Art of Retaining Research Participants and Staff Beyond Recru...	xxxxxxxxxxxxxxxxxxx	1.0
015	Source Document Volume: Can Less Really Be More?	xxxxxxxxxxxxxxxxxxx	1.0
016	Closing General Session	xxxxxxxxxxxxxxxxxxx	1.0

TOTAL - (Contact Hours Earned) ----- 16.0

The Sample Association is approved by the California Board of Registered Nursing as a provider of continuing education. The XXXX Annual Conference has been approved for a maximum of 30 contact hours; Provider Number xxxxxxxxxxxxxxxxxxxxxxxx.

Approved by: Signature of Director

Name of Director
 Director of Credentialing, Certification and Accreditation