CC-P® Elective Validation

If you have participated in an education or training activity for which you are not able to furnish a formal registration or proof of attendance, you may use the following form as an alternative approach to validating your satisfaction of the elective requirements.

**Validating Satisfaction of Elective Requirements:**Please fill out the following form for each separate activity in order to validate satisfaction of elective requirements. You will also be required to provide related documentation such as agenda/syllabus and faculty/presenter details among your application materials.

**Validation #1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Hours** | | **Title/Description** | **Provider** | **Date Taken** |
|  | |  |  |  |
| **Please provide a brief statement accounting for why you participated in this activity and how it has helped you in your work.** | | | | |
|  | | | | |
| **Please identify 2-3 takeaways or key lessons learned from this event?** | | | | |
| **1** |  | | | |
| **2** |  | | | |
| **3** |  | | | |

**Validation #2:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Hours** | | **Title/Description** | **Provider** | **Date Taken** |
|  | |  |  |  |
| **Please provide a brief statement accounting for why you participated in this activity and how it has helped you in your work.** | | | | |
|  | | | | |
| **Please identify 2-3 takeaways or key lessons learned from this event?** | | | | |
| **1** |  | | | |
| **2** |  | | | |
| **3** |  | | | |

**Validation #3:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **# Hours** | | **Title/Description** | **Provider** | **Date Taken** |
|  | |  |  |  |
| **Please provide a brief statement accounting for why you participated in this activity and how it has helped you in your work.** | | | | |
|  | | | | |
| **Please identify 2-3 takeaways or key lessons learned from this event?** | | | | |
| **1** |  | | | |
| **2** |  | | | |
| **3** |  | | | |

**The above information is true and accurate and is being submitted in support of my CC-P**® **elective requirements:**

Your Full Name: Your Signature: Date: