



VERIFICATION OF COMPLETION

(Please Print or Type All Information)

SPONSOR INFORMATION (To be completed by program/activity sponsor)

Washington State Department of Labor & Industries	00059644
Sponsoring Organization	Sponsor Code
PO Box 44329	Laurinda Grytness
Street address	Contact Person
Olympia, WA, 98504-4329	360.902.6362
City/State/Zip Code	Phone Number for Contact Person

PROGRAM/ACTIVITY INFORMATION (To be completed by program/activity sponsor.)

Plan Approval Request Report	
Program/Activity Title	
5/18/2015 – 5/17/2016	
Program/Activity Valid Through Date	
596443243870	1.00
Approval Number	Clock Hours Attended/Completed
<i>Laurinda Grytness</i>	5/18/2015
Signature of Individual in Charge of Verifying Completion	Date of Signature

PARTICIPANT INFORMATION (To be completed by participant prior to submission)

Name	Certificate Number
Street Address	Email Address
City/State/Zip Code	

To have these clock hours added to your certification file, log on to your profile on the CDMSC website. Under the certificant title click add pre-approved continuing education program. Please scan and upload the document at this time or send a copy of this form to CDMSC, 8735 W. Higgins Rd, Suite 300, Chicago, IL 60631. It is best to submit this documentation as activities are completed or at least on an annual basis. This form is for pre-approval by CDMSC only and will only be added to your certification file with them. If you hold certification from other organizations, you will need to submit verification of attendance/completion according to their requirements.