TEXAS
Health and Human Services

Form 3914
May 2017-E

Division for Rehabilitation Services Office of Deaf and Hard of Hearing Services (DHHS)

Continuing Education Unit (CEU) Attendance Sign-In Sheet

Training Information		
Title of training:		
Date(s) of training:	CEU ID number:	CEU credit:
Presenters:		

Attendees				
Name (Print Clearly)	**BEI or RID Certificate No.**	**Type of Certification**		
		DHHS-BEI	**RID**	**Non-certified**
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Return this form and Form 3916, Sponsor Report, to DHHS **within 10 days** after the training event.				