

IMPORTANT CONTACT INFORMATION

IMMEDIATE SUPPORT DURING CLASS

CALL: (888) 582-3750

ASKING THE INSTRUCTOR A QUESTIONEMAIL: QUESTIONS@LTCCONNECTION.COM

AFFIDAVIT OF ATTENDANCE

****ALL FIELDS BELOW MUST BE COMPLETE BEFORE CREDIT CAN BE ISSUED****

Full Name on Resident Insurance License: _____

NPN: _____

Resident License State: _____

Course Date: _____

Start Time: _____

End Time: _____

I certify that I participated in and attended the entirety of the webinar course. I also understand that any false claims made in this regard is a violation that could result in an administrative sanction and would include the loss of course credit.

**Signature:** _____*Do not type in your signature. You may electronically sign only when your signature is an image replica of your actual signature or a timestamped signature.*

REQUIRED VERIFICATION CHECKS

In order to issue credit in accordance with your state's webinar training requirements, we must verify that you attended the entire classroom webinar. Your instructor will give you verification words that you will need to write below. These verification checks will occur at random intervals during the webinar. Credit cannot be granted if any words are missing. Staff cannot provide these words after the fact. These checks are mandatory and are required in addition to your IP address being tracked when you log in and out.

IF YOU EXPERIENCE AN ISSUE THAT COULD CAUSE YOU TO MISS A WORD, CALL OUR OFFICE IMMEDIATELY AT (888) 582-3750

Word #1: _____

Word #6: _____

Word #2: _____

Word #7: _____

Word #3: _____

Word #8: _____

Word #4: _____

Word #9: _____

Word #5: _____

Word #10: _____

HOW TO SEND US YOUR FORM

SUBMIT THIS DOCUMENT IMMEDIATELY AFTER CLASS TO ONE OF THE FOLLOWING

FAX: 866-333-2006**EMAIL: PROCESSING@LTCCONNECTION.COM***Your Certificate of Completion will be emailed to you only after receiving this document.**If you cannot return your document on the date of the class, please email us with an explanation for the delay.*