

Orientation Training and Continuing Education Form

Sponsor: _____

Title of Program: _____

Location: _____

Date(s): _____

Session	Time	Hours

I certify that I have attended the above identified workshop(s)

Name: _____

Please Print

Signature: _____

Please Check One of The Following:

- Board of Adjustment
- Planning Commissioner
- Professional Staff
- Other

Representing: _____

Name of City/County/Planning Commission

Please Return To: Kenton County Planning Commission (KCPC)
 1840 Simon Kenton Way – Suite 3400
 Covington, KY 41011