

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)

Names: _____
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 scan and return your form via email to kcpc@pdkc.org