

PBS Continuing Education Activities Verification Form
(Keep on file – for audit purposes only)

Participation in an Ethics Review Panel or Serving on a Board or Serving on a Committee or Work-group

PBSF Name: _____

Documenting participation in:

Ethics Review Panel Serving on a Board Serving on a Committee or Work-group

Name of the organization: _____

Mission or Purpose (for boards, committees, and workgroups only): _____

PBSF's Role: _____

Date(s) AND Times/Hours: _____

Signature of chair/leader/presiding officer:

OR attach email from chair/leader to this form _____