



MICHIGAN STATE
UNIVERSITY

Affirmation of Activity Form

Use the space below to provide information about activities, other than courses, workshops, or other training programs attended, that you wish to use towards your CHRS, CWCP or CLRL recertification.

Activity: _____

Date(s) _____

Location _____

Number of Hours _____

Activity _____

Date(s) _____

Location _____

Number of Hours _____

Activity _____

Date(s) _____

Location _____

Number of Hours _____

By signing this form, I attest that I have engaged in each of the activities, for the amount of time indicated.

Signature _____

Date _____

Print Name _____

Organizational leader verifying above activities

Signature _____

Date _____

Print Name _____

Title _____

Phone Number or Email Address _____