



## Electronic Death Registration System (EDRS) Training CONTINUING EDUCATION UNITS (CEUs) ACKNOWLEDGMENT AND ATTESTATION FORM

**This form must be completed by the person seeking CEUs and received by the instructor no later than two weeks from the training date in order to receive a certificate of completion. Only one name per form please. No certificates will be issued without this completed, signed and approved form.**

Date of training:			
Location of training:			
Instructor's name:			

Attendee name:			
Attendee title:			
License number (if applicable):		Attendee email address:	
Facility name (if applicable):			
Facility location (if applicable):			

I attest that I have attended the complete EDRS training listed above and by my signature below I certify this statement and the information entered above is true and accurate.

Printed name:			
Signature:			
Date:			

Return this completed and signed form within two weeks from the date of training listed above. It can be scanned and emailed to [RA-DHDeathSupport@pa.gov](mailto:RA-DHDeathSupport@pa.gov), faxed to 717-772-3258 or mailed to Bureau of Health Statistics and Registries, ATTN: EDRS CEU, 555 Walnut St., Sixth Floor, Harrisburg, PA 17101.

**FOR INSTRUCTOR USE ONLY** Date form received: \_\_\_\_\_

This form is: \_\_\_\_ Approved \_\_\_\_ Rejected (Reason: \_\_\_\_\_)

Instructor signature: \_\_\_\_\_