PDH TRAINING ATTENDANCE RECORD

CEAP/Candidate's Name (print)

_____

I verify that I have attended the Training as indicated

_____ _____
Signature of CEAP/Candidate

_____/_____/_____
Date

I verify that the training for this CEAP/Candidate was as approved

Kelly Nies
Signature of Moderator

MSE, LPC, CEAP
Credentials

8/10/23
Date

Instructions:

***The Training Provider is responsible for providing the following*:**

A. EACC Approval Number
B. Number of Hours
C. Content Areas

The CEAP/Candidate is responsible for:

A. Retaining this record of training attended
B. Entering this information into his/her PDH Summary Log

Name of Organization Providing Training:

Greater Wisconsin EAPA Chapter (WI01)

How to Help Divorcing Clients Bridge the Gap from Financial Crisis to Closure in Six Months

By: Rhonda Noordyk

Founder and CEO of the Women's Financial Wellness Center

Date of Training:
August 8th, 2023
EACC Approval Number:

RBEAPA0823P72

Domain	-	PDH'S
____I_____		____2___
___II____		___2____
___III____		___2____

Fill in Appropriate Hours Awarded

Total PDH'S: ___2____

PDH's can be used for either Domain I, II or III.

EACC

This form is designed for one Training event only - one EACC Approved Number per form

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