



CITY OF OMAHA ACAD BOARD CONTINUING EDUCATION SIGN-IN SHEET

Course: _____

Credit Hours: _____ Course Number: _____

Starting Date: _____ End Date: _____

Instructor PRINTED NAME: _____

Instructor Signature: _____

***PLEASE PRINT. YOUR NAME HAS TO BE LEGIBLE IN ORDER FOR YOU TO RECEIVE CREDIT FOR THIS COURSE.**

Please PRINT Your Name*	Employer
<i>Please Print</i>	
	<i>Please Print</i>
<i>Please Print</i>	