

**REVIEW**  
 Submit  
 - by mail  
 - by fax  
 - by email

**QUESTION**

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**Certificate of Class Completion**

**Purpose:** Notify CHL of who attended your classes.

- Student Verification & Complaints
- Non-Compliance can result in suspension of your certification

**Deadline to Submit**  
 - 5 - 7 days after course completion

**Getting the form to us**  
 - ONLY accepted by Mail

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**Certificate of Class Completion**

**INSTRUCTOR**  
 Signature/Date  
 Title

**STUDENT**  
 Name  
 Address  
 City/State/Zip

**DE/DC/ID**  
 License No.  
 Expiration Date

**CLASS**  
 Title  
 Dates

**SA/ASA**  
 Name  
 Title

**GENERAL INFORMATION**

DATE: \_\_\_\_\_

CLASS: \_\_\_\_\_

STUDENT: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

DE/DC/ID: \_\_\_\_\_

SA/ASA: \_\_\_\_\_

MUST BE  
SWAILED

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