

## CME ROSTER SHEET

Page: \_\_\_\_ of \_\_\_\_

Please forward completed roster sheets within ten business days from course delivery.  
 Only roster sheets associated with courses approved by NLPR are accepted.

Course: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_  
(DD-MONTH-YYYY)

Key Category: \_\_\_\_\_ Approval #: \_\_\_\_\_ Approved Hours: \_\_\_\_\_

PRINT NAME	SIGNATURE	NLPR #

### INSTRUCTOR VERIFICATION (Must be completed by the Instructor)

By signing this form as the instructor, I attest all the information listed above to be true:

NLPR #: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Requesting CME Credit: ☐ Yes ☐ No

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)

### NLPR USE ONLY

Evaluation of roster: \_\_\_\_\_ Total Hours: \_\_\_\_\_

☐ Confirmed

Approval # \_\_\_\_\_

Received \_\_\_\_\_

☐ Not Confirmed

Entered \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(DD-MONTH-YYYY)