



Certificate of Continuing Education

Title of Program: _____

Program Provider: _____

Address: _____

Attendee Name: _____

ASATT ID Number: _____

Date/s of Attendance: _____

Signature of Program Provider verifying attendance: _____

Printed: _____

This program has prior approval by the American Society of Anesthesia
Technologists & Technicians for _____ CE credits

ASATT Code Number _____

Expiration Date ____/____/____