



Officials Updating Report

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UPDATING RECORD SHEET: *Approval of updating hours are subject to AEF's discretion. Form must be complete.*

Name of Official: _____

Description of Clinic or Seminar (Include clinic host, ex. PTSO or EC):

Date of Clinic or Seminar: _____

Location of Clinic or Seminar: _____

Number of Hours or Day Completed: _____

Name of Clinician/Instructor: _____

TO BE COMPLETED BY THE CLINICIAN/INSTRUCTOR OF ABOVE NAMED CLINIC:

I hereby certify that _____ has completed _____ hours/days
under my instruction, as stated above.

Signature: _____

Date: _____