

**CERTIFICATION OF SESSION ATTENDANCE FOR BASIC
AND CONTINUING EDUCATION CREDIT**

Name of Student _____
License # (if licensed)

Sponsoring School/Organization (including address and telephone number)

Location of Program

Course/Seminar Title _____
Date Commenced _____
Date Completed

This is to certify that the above-named student has attended _____ number of hours of instruction dealing with personal income tax subjects conducted by the above-named organization.

Basic Course Did the student successfully complete the basic 80-hour course? YES NO
 Continuing Education Did the student successfully complete the material? YES NO

Signature of Student _____
Signature of Instructor/Sponsor
(Do not sign unless hours of attendance can be verified.)

Oregon Board of Tax Practitioners 3218 Pringle Rd. SE #120 Salem, OR 97302
Questions? Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: tax.bd@oregon.gov Web Site: www.oregon.gov/OBTP

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