

**Orientation Training And Continuing Education Form**

Sponsor: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Session	Time	Hours

I certify that I have attended the above identified workshop(s)

Names: \_\_\_\_\_  
*Please Print*

Signature: \_\_\_\_\_

Please check one of the following:

- Board of Adjustment
- Planning Commissioner
- Professional Staff
- Other \_\_\_\_\_

Representing: \_\_\_\_\_  
*Name of City/County/Planning Commission*

Please Return To:   Kenton County Planning Commission  
                          1840 Simon Kenton Way, Suite 3400  
                          Covington, Kentucky 41011