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AFFILIATE CREDIT FORM

Event Name: ND BCI Criminal Record Check/Audit Training

Event Date:

Credit Available: 1 credit

Signature of Event Staff:

Student's Name (print):

Student's Signature:

Date Signed:

RETURN TO NDSBA VIA MAIL: PO BOX 7128, BISMARCK, ND 58507-7128
or email to patty.verdouw@ndsba.org