

**[Course Name]**

[AIA CES Course Number, Session Number]

[Completion Date]

[Course Location]

[Speaker Name, Title]

[Course Type/Session Type]

[Final Assessment Score (if applicable)]

**[Provider Name]**

[Provider Point of Contact Name]

[Provider Mailing Address]

[Provider City, State, Zip Code]

[Provider Phone number]

[Provider Email Address]

AIA Provider: [Provider Number]

[Number of AIA-approved Learning Units|Type]

**[Participant Name]**

[Provider Logo]