

List below twelve (12) LMHF sponsored events that you have completed.
Eligible activities are listed on the Part II Instruction Sheet.

Workplace Events - You must sign-in on the sheet provided by and verified by your employer

Annual screening - If you are listing preventative screenings (eye exam, dental check-up, mammogram, etc., you must include the Preventative Screening Verification form, with your original physician's signature. A separate form (signed & dated by your physician) is required for EACH screening. Forms included in wellness packet and also available at www.LMHF.net. Applicant must receive preventative screenings the same year in which they are applying for Part II. Applicant must also be an active LMHF member at the time of his/her screenings. Along with this form, you must also include (if applicable) vaccination certification.

<u>Name of Event/Class/Seminar/ Screening</u>	<u>Date of Completion</u>
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	
11.)	
12.)	

I hereby confirm that the aforementioned information is accurate and I have completed the activities as indicated.

Employee/Applicant Signature _____ Date _____