



## Florida-Friendly Landscaping™ Certified Professional CEU Record of Attendance

## **Personal Details**

FFLCP Certificate Number		Other License Number(s)	
Last Name	First Name	Middle Name	Suffix
Street Address or Box Nun	nber		
City		Sta	te Zip Code
Personal Phone		Business Phone	
certify that I attended t	the training program detai	led below.	
Signature		Date	
Training Program	Details		
Class Title			
Provider Organization			
Provider Organization  Class Location			
Class Location	Start Time	End Time	CEU Credits Earned
Class Location Class Date	Start Time named above attended th		CEU Credits Earned

This signed form can be used as proof of attendance for an in-person, FFL-related training. Follow the current instructions on the FFLCP Renewal web page to submit the renewal fee and CEU records at the appropriate time: https://go.ufl.edu/fflcp-renew