



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](http://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.

<b>Name of Event/Class/Seminar/ Screening</b>	<b>Date of Completion</b>
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 \_\_\_\_\_