



Racing Officials Accreditation Program
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Certificate of Attendance
Approved Continuing Education

Program Information

Program Name: _____

Program Date: _____ Program Location: _____

Attendee Information

Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Total Hours Attended

I am entitled to count ____ hours of CE credit.

Signature _____ Date _____

Return this completed form to the organizer of the CE to guarantee proper credit with the Racing Officials Accreditation Program.

****For use by the CE organizer only****

Approved _____ Date _____