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| **2021 AIA/CES Program Completion (Provider Form B)**  Registered Providers are responsible for reporting to the AIA/CES the names of ALL AIA members.  Use this form to report the names of AIA members who have earned credit. Do not alter the format of this form.  This document must be kept on file for six (6) years with the Provider Point of Contact. |  |

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| Program Title (same as on Form A)  (Title) | | | | | | |
| Provider Number  J497 | | Program Number (same as on Form A)  Code 50 | | | Provider Name  McKEON | |
| Name of person submitting this report: | | | | | | |
| Phone Number: | | | | Email: | | |
| Date of Program Completion: | | | | City/State: | | |
| Participants at this program: **(Please print or type)** | | | | | | |
| AIA Member  Yes or No | AIA Number (Required) | | Name of Participant | | | Certificate\* Request  Yes or No |
| 1. Yes No |  | |  | | | Yes No |
| 2. Yes No |  | |  | | | Yes No |
| 3. Yes No |  | |  | | | Yes No |
| 4. Yes No |  | |  | | | Yes No |
| 5. Yes No |  | |  | | | Yes No |
| 6. Yes No |  | |  | | | Yes No |
| 7. Yes No |  | |  | | | Yes No |
| 8. Yes No |  | |  | | | Yes No |
| 9. Yes No |  | |  | | | Yes No |
| 10. Yes No |  | |  | | | Yes No |
| 11. Yes No |  | |  | | | Yes No |
| 12. Yes No |  | |  | | | Yes No |
| 13. Yes No |  | |  | | | Yes No |
| 14. Yes No |  | |  | | | Yes No |
| 15. Yes No |  | |  | | | Yes No |
| **Return this form within two weeks of program completion to: McKEON 44 Sawgrass Drive, Bellport, NY 11713**  **Phone 800-266-9392 Fax 631-803-3030 or Email to** [**abonilla@mckeondoor.com**](mailto:abonilla@mckeondoor.com)  **\*It is the responsibility of the Provider to send out certificates of completion to all participants that request them.** | | | | | | |