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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.  | Logo  Description automatically generated |

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| Program Title (same as on Form A)**Fire Door Systems – A Guide to Code Compliance** |
| Provider Number**J497** | Program Number (same as on Form A)**Code 50-A2** | Provider Name**McKEON** |
| Name of person submitting this report |
| Phone Number | Email Address |
| Date of Program Completion | Start Time | End Time |
| Course Type (circle one):**Private** (by invitation) or **Public** (available to all i.e., pre-recorded online) | Session Type (circle one):**In-Person Seminar** or Online **Webinar** |
| Participants at this program: **(Please print or type)** |
|  | AIA Member Yes or No | AIA Number (Required) | Name of Participant | Certificate\* RequestYes 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: Taylor Riley at McKEON by Fax 631-803-3030 or Email to** **triley@mckeondoor.com****\*It is the responsibility of the Provider to send out certificates of completion to all participants who request them.** |