Virtual/Hybrid Student Attendance Verification

Class Name: _____
Date:_____

STUDENT NAME: _____

STUDENT MD License # _____

OR NRDS #:_____

By typing my full name below, I attest that I have personally completed all hours of instruction and that my attendance in this class was based on my own personal efforts, unassisted by any unauthorized individual. I further certify that I am the individual registered for the class and am the individual who is in attendance in the class. I understand that any action which contradicts the previous statements will invalidate my course credit and may be a cause of action under the real estate laws of the State of Maryland.

_____

Student Name