Board of Laser Safety

Journal Article Verification Worksheet

Date	Name of Journal/Periodical or Website	Name of Article	Article Publish Date	Length of Article (pages)	Points claimed (1/4 CM point per hour of reading)*

Requestor Information

I certify that I have read the articles listed above.

Name:_____ Certification #:_____
(Print/Type)

Signature:_____ Date: _____

Supervisor's Signature:_____ Date: _____

For BLS Use Only

Total Credits Awarded: _____

Signature: _____ Date: _____

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