



# 2016 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.

## Opening Protectives: new perspectives in fire + smoke curtains

Program Title (same as on Form A)

J313

J31303

Smoke Guard, Inc.

Provider Number

Program Number (same as on Form A)

Provider Name

Name of Person submitting this report: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Program Completion: \_\_\_\_\_ City/State: \_\_\_\_\_

Participants at this program: **(Please print or type)**

AIA Member Yes or No	AIA Membership Number (required)	Name of Participant	Certificate* Request
1. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
13. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
14. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>
15. <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/>

Fax this form within two weeks of program completion to Smoke Guard, Inc. (208) 639-7851.

\*It is the responsibility of the Provider to send out certificates of completion to all participants that request them.