

Continuing Education and Professional Development Log

Reporting Period:

Group II: April 1, 2014 – September 30, 2016 Group III: April 1, 2014 – September 30, 2017 Group I: April 1, 2014 – September 30, 2018

CATEGORY B: Self-Directed Activities					
This category includes activities that relate to Naturopathic Doctors as health professionals and as members of their communities. Some activities in this category might include: authoring clinical research in a peer-reviewed journal, acting as a course presenter/lecturer, participating as a preceptor, etc.					Outcome: 1. I plan to modify my practice based on this activity. 2. I plan to pursue additional learning in this area. 3. No change is needed to my practice at this time. 4. Other <i>(please specify)</i>
Activity Number	Course Provider	Description of Activity List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
B.1					
B.2					
B.3					
B.4					
B.5					
B.6					
B.7					
B.8					
B.9					
B.10					
Minimum Credit Hours:				Total Credits:	
Group II – 26 credits / Group III – 40 credits / Group I – 40 credits					
Member Name:		Registration Number:		Date:	Signature:

Please check this box if you are completing this form electronically. This represents your signature.

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Outcome:
 1. I plan to modify my practice based on this activity.
 2. I plan to pursue additional learning in this area.
 3. No change is needed to my practice at this time.
 4. Other *(please specify)*

Activity Number	Course Provider	Description of Activity <small>List individual courses/workshops attended (not just the conference name)</small>	Date of Activity	Number of Credits/Hours	
B.11					
B.12					
B.13					
B.14					
B.15					
B.16					
B.17					
B.18					
B.19					
B.20					

Minimum Credit Hours: Group II – 26 credits / Group III – 40 credits / Group I – 40 credits	Total Credits:	
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Member Name:	Registration Number:	Date:	Signature:
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Activity Number	Course Provider	Description of Activity List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
B.21					
B.22					
B.23					
B.24					
B.25					
B.26					
B.27					
B.28					
B.29					
B.30					
Minimum Credit Hours:				Total Credits:	
Group II – 26 credits / Group III – 40 credits / Group I – 40 credits					
Member Name:		Registration Number:		Date:	Signature:

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Activity Number	Course Provider	Description of Activity List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
B.31					
B.32					
B.33					
B.34					
B.35					
B.36					
B.37					
B.38					
B.39					
B.40					
Minimum Credit Hours:				Total Credits:	
Group II – 26 credits / Group III – 40 credits / Group I – 40 credits					
Member Name:		Registration Number:		Date:	Signature:

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