Category B – page 1 of 4

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Group II:	April 1, 2014 – September 3	30, 2016 🔲 Gro	oup III: April 1, 2014 – September 30	, 2017	Group I: A	April 1, 2014 –	- September 30, 2018				
CATEGORY B: Self-Directed Activities											
Some activi	ry includes activities that relate ties in this category might include as a preceptor, etc.		Outcome: 1. I plan to modify my practice based on this activity. 2. I plan to pursue additional								
Activity Number	Course Provider	Number of redits/Hours	learning in this area.  3. No change is needed to my practice at this time.  4. Other (please specify)								
B.1											
B.2											
В.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 Na		Signature:									

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☐ 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										
Some activi	ry includes activities that relate ties in this category might inclu g as a preceptor, etc.		Outcome: 1. I plan to modify my practice based on this activity. 2. I plan to pursue additional							
Activity Number	Course Provider	Number of Credits/Hours	learning in this area.  3. No change is needed to my practice at this time.  4. Other (please specify)							
B.11										
B.12										
B.13										
B.14										
B.15										
B.16										
B.17										
B.18										
B.19										
B.20										
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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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, activity as a preceptor, etc.  Activity Number of Course Provider  Activity Number of Redits/Hours  B.21   Course Provider   List individual courses/workshops attended (not just the Conference name)   Date of Activity   Number of Gredits/Hours   Numbe	Group II: April 1, 2014 – September 30, 2016 Group III: April 1, 2014 – September 30, 2017 Group I: April 1, 2014 – September 30, 2018											
Some activities in this category might include: authoring clinical research in a peer-reviewed journal, acting as a course presenter/lecturer, participation as a preceptor, etc.    Activity Number   Course Provider   List individual courses/workshops attended (not just the conference name)   Date of Activity   Number of Credits/Hours   Course Provider   List individual courses/workshops attended (not just the conference name)   Date of Activity   Number of Credits/Hours   Course Provider   List individual courses/workshops attended (not just the conference name)   Date of Activity   Number of Credits/Hours   Course Provider   List individual courses/workshops attended (not just the conference name)   Date of Activity   Number of Credits/Hours   Course Provider   List individual courses/workshops attended (not just the conference name)   Date of Activity   Number of Credits/Hours   Course Provider   Course Provider   Conference name)   Date of Activity   Course Provider   Course Provider	CATEGOR	CATEGORY B: Self-Directed Activities										
Activity Number Number Number Course Provider List individual courses/workshops attended (not just the conference name)  B.21  B.22  B.23  B.24  B.26  B.26  B.27  B.27  B.28  B.29  B.29  B.29  B.30	Some activi	I plan to modify my practice based on this activity.										
B.22	•	Course Provider		ourses/workshops attended (not just the	Dat	e of Activity		<b>3.</b> No change is needed to my practice at this time.				
B.23   B.24   B.25   B.26   B.26   B.27   B.27   B.28   B.29   B.29   B.29   B.20	B.21											
B24	B.22											
B.25	B.23											
B.26	B.24											
B.27	B.25											
B.28  B.29  B.30  Minimum Credit Hours:  Group II – 26 credits / Group III – 40 credits  Group I – 40 credits	B.26											
B.29	B.27											
B.30  Minimum Credit Hours:  Group II – 26 credits / Group III – 40 credits / Group I – 40 credits	B.28											
Minimum Credit Hours:  Group II – 26 credits / Group III – 40 credits / Group I – 40 credits  Total Credits:	B.29											
Group II – 26 credits / Group III – 40 credits / Group I – 40 credits	B.30											
Member Name: Registration Number: Date: Signature:												
	Member Name: Registration Number: Date:							Signature:				

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Group II:	April 1, 2014 – September 3	30, 2016 🔲 Gro	oup III: April 1, 2014 – September 30	, 2017 🔲 G	roup I: April 1, 2014	<ul> <li>September 30, 2018</li> </ul>						
CATEGOR	CATEGORY B: Self-Directed Activities											
Some activi	ry includes activities that relate ties in this category might includ g as a preceptor, etc.		Outcome: 1. I plan to modify my practice based on this activity. 2. I plan to pursue additional									
Activity Number	Course Provider	Number of Credits/Hours	learning in this area.  3. No change is needed to my practice at this time.  4. Other (please specify)									
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 Na	Signature:											