Continuing Education and Professional Development Log

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Reporting I	Period:
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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							
INTRAVENOUS INFUSION THERAPY CREDITS (Category A)							
This category includes activities that relate to Some activities in this category might include participating 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		Description of Activity purses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	learning in this area. 3. No change is needed to my practice at this time. 4. Other (please specify)		
IV.1							
IV.2							
IV.3							
IV.4							
IV.5							
IV.6							
IV.7							
IV.8							
IV.9		3					
IV.10							
Minimum Credit Hours: Total Credits: Group II – 4 credits / Group III – 6 credits / Group I – 6 credits							
Member Name:		Registration Number:	Date:		Signature:		

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