Continuing Education and Professional Development Log

Reporting Period:

Group III: October 1, 2017-September 30, 2020 Group I: October 1, 2018-September 30, 2021

Group II: October 1, 2019-September 30, 2022

CATEGORY A: Core Activities									
This catego profession. patient-cent	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	e of Activity	Number of Credits/Hours	learning in this area. 3. No change is needed to my practice at this time. 4. Other <i>(please specify)</i>		
A.1									
A.2									
A.3									
A.4									
A.5									
A.6									
A.7									
A.8									
A.9									
A.10									
Member Name:			Registration Number:		Date:		Signature:		

*Please note: If you have been selected to submit proof of completion in addition to your CE & PD log, please write the number from the 'Activity Number' column (on the far left of this form) on the corresponding CE certificate, letter, etc. and attach all supporting documentation to this log.

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Activity Number	Course Provider		Description of Activity ourses/workshops attended (not just the conference name)	Dat	te 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) 		
A.11									
A.12									
A.13									
A.14									
A.15									
A.16									
A.17									
A.18									
A.19									
A.20									
Minimum Credit Hours: Total Credits: Group III – 30 credits / Group I – 30 credits / Group II – 30 credits For a credit									
Member Name:			Registration Number:		Date:		Signature:		

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Activity Number	Course Provider		Description of Activity purses/workshops attended (not just the conference name)	Dat	e of Activity	Number of Credits/Hours	 learning in this area. 3. No change is needed to my practice at this time. 4. Other <i>(please specify)</i> 		
A.21									
A.22									
A.23									
A.24									
A.25									
A.26									
A.27									
A.28									
A.29									
A.30									
Minimum Credit Hours: Total Credits: Group III – 30 credits / Group I – 30 credits / Group II – 30 credits Total Credits:									
Member Name:			Registration Number:		Date:		Signature:		

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