Continuing Education and Professional Development Log

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Group I: October 1, 2021-September 30, 2024 Group II: October 1, 2022-September 30, 2025 Group III: October 1, 2023-September 30, 2026								
CATEGORY A: Core Activities								
This categor profession. patient-center	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 Activ	Number of Credits/Hours	learning in this area. 3. No change is needed to my practice at this time. 4. Other (please specify)		
A.1								
A.2								
A.3								
A.4								
A.5								
A.6								
A.7								
A.8								
A.9								
A.10								
Member Na	me:		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.

Continuing Education and Professional Development Log

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October 1, 2021-September 3	30, 2024 Gr	oup II: October 1, 2022-September	30, 20	25 Grou	p III: October 1, 2	2023-September 30, 2026		
CATEGORY A: Core Activities								
This category includes activities approved by the College of Naturopaths of Ontario to address the core clinical competencies of the profession. Some competency related topics might include: assessment and diagnosis, pharmacology, primary care management, patient-centered care, etc.								
Course Provider			e D a	te of Activity	Number of Credits/Hours	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)		
Minimum Credit Hours: Total Credits: Group I – 30 credits / Group II – 30 credits / Group III – 30 credits								
ame:	Registration Number:		Date:		Signature:			
	Y A: Core Activities ory includes activities approved I Some competency related topi tered care, etc. Course Provider	Y A: Core Activities Ory includes activities approved by the College of National Some competency related topics might include: as stered care, etc. Course Provider	Y A: Core Activities Pry includes activities approved by the College of Naturopaths of Ontario to address the concentration of Communication of Communication (Course Provider) Description of Activity	Y A: Core Activities Only includes activities approved by the College of Naturopaths of Ontario to address the core clinic Some competency related topics might include: assessment and diagnosis, pharmacology, primitered care, etc. Description of Activity	Y A: Core Activities Pry includes activities approved by the College of Naturopaths of Ontario to address the core clinical competencie. Some competency related topics might include: assessment and diagnosis, pharmacology, primary care management of Activity. Course Provider	A: Core Activities Total Credits: A: Core Activities		

^{*}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.

Continuing Education and Professional Development Log

Category A - page 3 of 3

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Group I: October 1, 2021-September 30, 2024 Group II: October 1, 2022-September 30, 2025 Group III: October 1, 2023-September 30, 2026									
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Activity Number	Course Provider		Description of Activity purses/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.21									
A.22									
A.23									
A.24									
A.25									
A.26									
A.27									
A.28									
A.29									
A.30							_		
Minimum Credit Hours: Group I – 30 credits / Group II – 30 credits / Group III – 30 credits									
Member Na	ame:		Registration Number:		Date:		Signature:		

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