Continuing Education and Professional Development Log

Reporting Period:

☐ Group I: October 1, 2024-September 30, 2027 ☐ Group II: October 1, 2025-September 30, 2028 ☐ Group III: October 1, 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.

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 List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
A.1					
A.2					
A.3					
A.4					
A.5					
A.6					
A.7					
A.8					
A.9					
A.10					
			Minimum Credit Hours: Group I – 30 credits / Group II – 30 credits / Group III – 30 credits	**Total Credits:**	

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 List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	Outcome
A.11					
A.12					
A.13					
A.14					
A.15					
A.16					
A.17					
A.18					
A.19					
A.20					
			Minimum Credit Hours: Group I – 30 credits / Group II – 30 credits / Group III – 30 credits	**Total Credits:**	

Member Name:	**Registration Number:**	**Date:**	**Signature:**

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4. Other *(please specify)*

Activity Number	Course Provider	Description of Activity List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
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	**Total Credits:**	

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.