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Reporting P	eriod:	
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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 B: Self Directed Activities									
This catego Some activi participatino	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)		
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 I – 40 credits / Group II – 40 credits / Group III – 40 credits								
Member Na	ame:		Registration Number:	ı	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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D	4:	D	_II -
RANC	rtina	PARIA	n.
IZEDU	и шим	Perio	u.

☐ Group I:	October 1, 2024-September	30, 2027 🔲 Gro	oup II: October 1, 2025-September 30), 202	8 Grou	p III: October 1, 2	2023-September 30, 2026		
CATEGOR	Y B: Self Directed Activities								
This catego Some activi participating	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 (please specify)		
B.11									
B.12									
B.13									
B.14									
B.15									
B.16									
B.17									
B.18									
B.19									
B.20									
		Group	Minin I – 40 credits / Group II – 40 credits / Gr		redit Hours: II – 40 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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Re	oo	rtin	a l	Pe	rio	d:
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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 B: Self Directed Activities										
This catego Some activi participatino	nities. enter/lecturer,	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)	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)			
B.21										
B.22										
B.23										
B.24										
B.25										
B.26										
B.27										
B.28										
B.29										
B.30										
Minimum Credit Hours: Total Credits: Group I – 40 credits / Group II – 40 credits / Group III – 40 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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Re	oo	rtin	a l	Pe	rio	d:
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Group I:	October 1, 2024-September 3	30, 2027 Gr	oup II: October 1, 2025-September 30), 2028	8 Group	o III: October 1, 2	2023-September 30, 2026			
CATEGOR	Y B: Self Directed Activities									
This catego Some activ participatin	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)			
B.31										
B.32										
B.33										
B.34										
B.35										
B.36										
B.37										
B.38										
B.39										
B.40										
		Group	Minin I – 40 credits / Group II – 40 credits / Gr		redit Hours: I – 40 credits	Total Credits:				
Member Na	ame:		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.