## **Continuing Education and Professional Development Log**

IVIT - page 1 of 1

Re	oo	rtin	a l	Pe	rio	d:
	~					-

Group I: October 1, 2024-September 30, 2027 Group II: October 1, 2025-September 30, 2028 Group III: October 1, 2023-September 30, 2026											
INTRAVENOUS INFUSION THERAPY CREDITS (Category A)											
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)	Da	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)				
IV.1											
IV.2											
IV.3											
IV.4											
IV.5											
IV.6											
IV.7											
IV.8											
IV.9											
IV.10											
Minimum Credit Hours:  Group I – 6 credits / Group II – 6 credits / Group III – 6 credits  Total Credits:											
Member Name:		Registration Number:		Date:		Signature:					
	-						-				

<sup>\*</sup>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.