

Continuing Education and Professional Development Log

Reporting Period:

Group I: October 1, 2021-September 30, 2024 Group II: October 1, 2022-September 30, 2025 Group III: October 1, 2020-September 30, 2023

CATEGORY B: Self Directed Activities					
This category includes activities that relate to Naturopathic Doctors as health professionals and as members of their communities. Some activities in this category might include: authoring clinical research in a peer-reviewed journal, acting as a course presenter/lecturer, participating as a preceptor, 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 <i>(please specify)</i>
Activity Number	Course Provider	Description of Activity List individual courses/workshops attended (not just the conference name)	Date of Activity	Number of Credits/Hours	
B.1					
B.2					
B.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 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	
B.11					
B.12					
B.13					
B.14					
B.15					
B.16					
B.17					
B.18					
B.19					
B.20					
Minimum Credit Hours:				Total Credits:	
Group I – 40 credits / Group II – 40 credits / Group III – 40 credits					
Member Name:		Registration Number:		Date:	Signature:

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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	
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:

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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	
B.31					
B.32					
B.33					
B.34					
B.35					
B.36					
B.37					
B.38					
B.39					
B.40					
Minimum Credit Hours:				Total Credits:	
Group I – 40 credits / Group II – 40 credits / Group III – 40 credits					
Member Name:		Registration Number:		Date:	Signature:

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