



Name: \_\_\_\_\_

CE Reporting Year: \_\_\_\_\_

Continuing Education Guidelines/Eligible Activities Click [here](#)

CE Category	Brief Description	Date of Completion m/d/y	Hours Claimed
A. Accredited/Formal Activities			
B. Academic Activities			
C. Self-Directed Activities			
D. Professional Services			
E. Other (Requires Approval)			
		<b>Total (20 hours minimum per year)</b>	