



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) | | | |
| | | Total (20 hours minimum per year) | |