Annual Continuing Education (CE) Record

Date (dd-mmm-yyyy)	**Title and description of completed CE activities**	**Course provider, instructor or name of publication if self-study**	**Time spent** in hours	**Certificate received Yes/No** If yes, please attach copy

A copy of a Certificate of Completion is necessary for each course that exceeds four hours.

Total CE hours:

Date: _____ Signature: _____