Name: **Registration#:**

<u>Continuing Competency Recording Form – Section 1</u> Activities That You Have Attended/Seen (1 hour involvement = 1 hour continuing competency hours)	
Date & Time:	Location:
Type of event:	Duration:
Person Presenting:	Contact Person:
Sponsor(s):	
Detailed Summary of the Activity/Event (including topic & content):	
Hours:	Total Hours to Date:

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