Name: **Registration#:**

Continuing Competency Recording Form – Section 2 Activities That You Have Done

(1 hour involvement =2 hours continuing competency hours)

Date & Times:	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:

Continuing Competency Recording Form – Section 2 Activities That You Have Done

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