

**CDR
Registration #**

Print Name, last, first:

**State Licensure
CPE ACTIVITIES LOG**

This form is to be used for reporting CPE activities for purposes of state licensure. For recertification with CDR, submit the completed form entitled, "Step 4 - Learning Activities Log".

For each CPE activity, indicate the Title and Provider, and darken circles corresponding to the Learning Need Code, the CPE Activity Type, the number of CPE Units and the date the CPE activity took place. Use codes from the list of Learning Need Codes to complete this form

Learning Need Code	CPE Activity Type	Activity (Title and Provider of CPE Activity)	# CPE Units	Date Completed MO. YR.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <p>Title</p> <hr/> <p>Provider</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<hr/> <p>Title</p> <hr/> <p>Provider</p>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Total CPEUs this side: _ _ _

State Licensure -- CPE ACTIVITIES LOG

Learning Need Code	CPE Activity Type	Activity (Title and Provider of CPE Activity)	# CPE Units	Date Completed MO. YR.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<hr/> Title <hr/> Provider	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<hr/> Title <hr/> Provider	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Total CPEUs this side: ___ ___ ___

