

**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"/>
<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"/>

Total CPEUs this side: __ __ __

**PROFESSIONAL DEVELOPMENT PORTFOLIO
CERTIFICATION STATEMENT**

CDR

Registration #:

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Print Name: _____

ORD ODTR

In addition to this Certification Statement,

I am submitting

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
9	9

log sheets,

Totaling

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

CPEUs

In the last five years have you:

Been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, an essential element of which is related to the practice of the profession?	<input type="radio"/> YES <input type="radio"/> NO
Been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to the principles of the ADA Code of Ethics for the Profession of Dietetics?	<input type="radio"/> YES <input type="radio"/> NO
Had any professional license, certification or registration denied, revoked or suspended by a state?	<input type="radio"/> YES <input type="radio"/> NO
Committed an act of misfeasance or malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board or an agency of a governmental body?	<input type="radio"/> YES <input type="radio"/> NO

I certify that the information provided here and in subsequent documentation is true, correct, and accurate to the best of my knowledge. Persons certified by the Commission on Dietetic Registration must comply with the Code of Ethics for the Profession of Dietetics. I understand that information on these forms is submitted for licensure purposes only, and that CPE reports generated from this information do not imply acceptance of this information for CDR recertification purposes.

I request that CDR provide a summary statement of my continuing professional education for my state board for licensure purposes. This information should be sent: to me and/or to my state board (enter state:)

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Signature: _____

Date: _____