

# CDR Professional Development Portfolio: Paper Activity Log



|  |
|--|
| First and last name  |
| CDR registration number  |
| Number of pages in this submission (including this page)   |
| Number of CPEUs in this submission   |
| RDs must submit at least 75 CPEUs, including 1 CPEU in Ethics or Health Equity. DTRs must submit at least 50 CPEUs including 1 CPEU in Ethics or Health Equity. Partial submission will not be accepted. |
| Date of submission   |

**ATTESTATION** • Read the following statement and add your signature to agree.

To the best of my knowledge, the information provided in this PDP submission and the subsequent documentation is accurate and meets CDR PDP Guidelines. I understand that I must maintain a copy of my recertification documents for two years beyond the end of my recertification cycle and that this PDP submission may be audited. CDR has the right to verify the information provided in this submission. This submission complies with the Code of Ethics for credentialed practitioners in nutrition and dietetics.

Signature

Date

**CERTIFICATION STATEMENT** • Select Yes or No for the following.

| During this recertification cycle have you:  | Yes | No |
|--|-----|----|
| 1. Been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, which is related to the practice of the profession?   |     |    |
| 2. 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 Code of Ethics for the Profession of Dietetics?                |     |    |
| 3. Had any professional license, certification or registration denied, revoked or suspended by a state?  |     |    |
| 4. Committed a wrongful and/or unlawful act 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? |     |    |

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First and last name

CDR registration number

**ACTIVITY LOG** • Document each continuing professional (CPE) activity you completed. For each activity, complete the following:

1. Add the six-digit activity number, if applicable.
2. Add the three-digit activity type. Refer to [CDR's CPE Activity Type Definitions](#).
3. Add the activity title.
4. Add the activity Provider.
5. If the activity satisfies the Ethics or Health Equity requirements, check the corresponding box. Refer to [CDR's Ethics or Health Equity CPEU Requirement Resources](#).
6. Add the date of activity completion. Date of activity completion must match date on supporting documentation.
7. Add the CPEUs earned.
8. Respond to 'What impact did this activity have on your knowledge, skill, judgment, and attitude and how will this potentially affect your current or future practice? Will you do anything differently as a result of your participation in this activity?'

|  |                                |
|--|--------------------------------|
| <b>Activity number (if applicable)</b>   | <b>Ethics activity?</b>        |
| <b>Activity type</b>   | <b>Health equity activity?</b> |
| <b>Activity title</b>  | <b>Date of completion</b>      |
| <b>Activity Provider</b>   | <b>CPEUs earned</b>            |
| What impact did this activity have on your knowledge, skill, judgment, and attitude and how will this potentially affect your current or future practice? Will you do anything differently as a result of your participation in this activity? |                                |
| Verified? <i>For CDR Staff Reviewer Only</i>   |                                |

|  |                                |
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