

## Non-Health Information Request Form

**Date:**

**Practitioner Name:**

**Registration Number:**

Preferred Appointment #1:

- Date #1:
- Time #1:

Preferred Appointment #2:

- Date #2:
- Time #2:

**Practitioner will need assistance with:**

- Learning Plan Submission
- Activity Log Submission
- Both

**Phone Number:**

CDR will take \$150 payment via credit card during the appointment.

**RD/DTR Signature**

**Date**

**Note:** CDR staff is unable to assist credentialed practitioners with the completion of CPEU activities. Credentialed Practitioners must contact CPEU Providers directly for activity completion assistance.