

CAAA Continuing Education Reporting Form

Please list the names of any continuing education programs you attended or participated in during the reporting period. (For types of activities accepted, please visit our website at <http://acupuncturealberta.ca/pdfs/regulations/ceu-policy.pdf>). Please add a separate sheet if more space is needed.

Category	Date and Location	Name of Course/Seminar	Offered by Agency and/or Instructor(name and professional credentials)	Topic(s) Addressed	Hours
A: Participation in Formal Program					
	Total hours of A:				
B. Self-directed study (maximum of 10 hours per year)	Date	Name of study materials (books/journals/Regulation /website, etc.)	Name of Author	Topic(s) Addressed	Hours
	Total hours of B:				
C. Structured Interactive Activities (maximum of 16 hours per year)	Date and Location	Types of Activities	Name of Participants	Topic(s) Addressed	Hours
	Total hours of C:				
D: Providing Supervision, Lecturing, Presentation of a Research Paper at a Conference (maximum of 16	Date and Location	Types of Activities	Title of event /Name of restricted registrant , etc.	Topic(s) Addressed	Hours

hours per year)					
Total hours of D:					
E: Publishing (maximum of 16 hours per year)	Date of Publication	Name of the published book/paper	Name of Journal or Press	Topic(s) Addressed	Hours
	Total hours of E:				
F: Participation as a member of the council/committe e, or as an examiner (maximum of 10 hours per year)	Date of Activities	Name of Volunteer Activities	Description of Activities		Hours
	Total hours of F:				
Total CEU hours of current period :					

IMPORTANT NOTES:

1. For Category A, you must provide a copy of certificate, or proof of payment, or final agenda of event, upon request.
2. For Category C, you must provide at least one name of the participants who attended the group activities.
3. Under Category D, for lecturing /presentation activities, you must provide conference presentation or course description.
4. For Category E, you must provide copy of publication.
5. Please complete the reporting form and send them to CAAA and retain a copy of related documentation/evidence for a period of not less than 5 years for verification upon request

COLLEGE AND ASSOCIATION OF ACUPUNCTURISTS OF ALBERTA
 #201, 9612 – 51 Avenue NW
 Edmonton, Alberta T6E 5A6

Please complete the following declaration:

I, THE UNDERSIGNED, ATTEST THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

REGISTRANT’S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY	
VERIFIED	ENTERED