Name	Submission Date

RECORD OF CERTIFIED SEMINARS ATTENDED

Number of C.E.U.'s determined by seminar

	SEMINAR NAME	PRESENTER	LOCATION	DATE	#HRS	#CEU's
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Name	Submission Date

RECORD OF BOOKS RELATING TO YOUR FIELD

One (1) C.E.U. for each book read

Title Author

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Name	Submission Date

RECORD OF VIDEO TAPES VIEWED

One (1) C.E.U. for each tape in a series

Title PRESENTER s

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Name	Submission Date

RECORD OF AUDIO TAPES LISTENED TO

One-Half (1/2) C.E.U. for each tape in a series

Title PRESENTER

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RECORD OF NON-CERTIFIED SEMINARS ATTENDED

One (1) C.E.U. for every Three (3) hours of seminar

	SEMINAR NAME	PRESENTER	LOCATION	DATE	#HRS	#CEU's
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