

CONTINUING EDUCATION AND TRAINING (CET) PROGRESS REPORT FORM: (State period)

Name and Surname: _____

Your Registration No. with the Council: _____

CET Activity	Name of Service Provider	Venue Activity Held	Date	Telephone or email address of Service Provider	Number of Hours	For Office Use
Conference(s)						
Seminar(s)						
Workshop(s)						
Additional Qualification(s)						
Other Activity(ies)						
TOTAL HOURS						

Record of your CET hours appears on bottom right of the Status Report Form that accompanied your invoice for annual fee. Blank spaces indicate that you did not submit your CET hours previously. If your CET hours entail watching videos or reading publications write and attach summary of what you learnt.

All Professionals must fill in and return this form by 30 June 2012. By signing this form the professional certifies that the information provided is correct.

Signature: _____

Date: _____