

Minnesota Child Passenger Safety Practitioner Activity Log Sheet

Name: _____ Phone: _____

Address: _____ Email: _____

Name and phone number of the CPS Senior checker/instructor(s) you have worked with during your certification period:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Use this form to log your CPS activity. These activities include car seat inspections you have performed, parent trainings you have conducted and CPS community events you have participated in. Please also include any CPS trainings or Continuing education courses you have attended. If you need more space, please use another sheet.

Seat Checks

Date	Type of Seat	Date	Type of Seat	Date	Type of Seat	Date	Type of Seat

Over →

CEU's or CPS related trainings

Date	Type of Event & CEU's Earned	Date	Type of Event & CEU's Earned

Parent trainings

Date	Type of Event	Date	Type of Event

Community events

Date	Type of Event	Date	Type of Event