

CONTINUING PROFESSIONAL COMPETENCY ACTIVITY LOG

LICENSEE'S NAME: _____ LICENSE NUMBER: _____

YEAR EARNED: _____

TOTAL PDHs EARNED: _____

Date:	
Sponsoring Organization Name:	
Instructor's/Speaker's Name:	
Location:	
Title or Specific Subject:	
Type of Activity:	
Duration:	
PDHs Earned:	
Briefly explain how the CPC activity will maintain, improve, or expand the skills and knowledge relevant to your field of practice.	

Date:	
Sponsoring Organization Name:	
Instructor's/Speaker's Name:	
Location:	
Title or Specific Subject:	
Type of Activity:	
Duration:	
PDHs Earned:	
Briefly explain how the CPC activity will maintain, improve, or expand the skills and knowledge relevant to your field of practice.	

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