



CMLTM # : _____ 5 year date range: _____ to _____
First name: _____
Last name: _____

Continuing Competency Program Summary Sheet

Date Submitted for Auditing: _____

Category 1. Formal Documented	Credit total from log sheets: _____
Category 2. Non-formal Documented	Credit total from log sheets: _____
Category 3. Non-documented	Credit total from log sheets: _____
Category 4. Professional Activity	Credit total from log sheets: _____
Category 5. Non-work related	Credit total from log sheets: _____

Total Credits: _____

Were a total of 3 continuing education credits earned within 5 years?	Y/N	_____
Did activities come from a minimum of 3 different categories?	Y/N	_____
Were a minimum of 50% of activities from documented activities?	Y/N	_____
Were a maximum of 50% of activities from non-documented activities?	Y/N	_____