



# Continuing Competency Program Summary Log Sheet

Date of Revision

October 27, 2018

Name: \_\_\_\_\_ CMLTM #: \_\_\_\_\_

5 year date range: \_\_\_\_\_ to \_\_\_\_\_

Date Submitted for Auditing: \_\_\_\_\_

Category 1. Formal Documented Hours from log sheets: \_\_\_\_\_

Category 2. Non-formal Documented Hours from log sheets: \_\_\_\_\_

**Total documented hours:** \_\_\_\_\_

Category 3. Non-documented Hours from log sheets: \_\_\_\_\_

Category 4. Professional Hours from log sheets: \_\_\_\_\_

Category 5. Non-work related Hours from log sheets: \_\_\_\_\_

**Total non-documented hours:** \_\_\_\_\_

**Total hours (documented + non-documented):** \_\_\_\_\_

Were a total of 45 Continuing Education hours earned within 5 years? Y/N \_\_\_\_\_

Did activities come from a minimum of 3 different categories? Y/N \_\_\_\_\_

Were a minimum of 22.5 hours are from Documented Activity categories? Y/N \_\_\_\_\_

I declare that the above information given by me is correct and complete and that none of the submitted activities herein were required or assigned as part of my job. I acknowledge and understand that providing false information to the CMLTM constitutes professional misconduct and is subject to disciplinary action by the CMLTM.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date