



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