**The Atlantic Canada Association of Reflexology Therapists**



**CEU Reporting Form**

Of the twenty (20) CEUs each member needs to accumulate per cycle, **a minimum of ten (10) units must derive from Primary Activities**. The balance of units may come from either Primary or Secondary Activities. Supporting documentation must be included. Please do not send originals in the event they are lost in the mail.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RRT#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cycle Start Date (Year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cycle End Date (Year):\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Brief description** | **Primary or Secondary Activity** | **Number of Hours** | **Number of**  **CEUs** |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I certify I have obtained \_\_\_\_\_\_\_\_\_ CEUs from **Primary Activities** during this reporting cycle.

I certify I have obtained \_\_\_\_\_\_\_\_\_ CEUs from **Secondary Activities** during this reporting cycle.

I certify I have obtained a **total** of \_\_\_\_\_\_\_ CEUs during this reporting cycle.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_