Date	Accredited CME/CPD Activities (PASSIVE)	Credit Claimable				Copy of Attendance Certificate (Y/N)
		Cat A	Cat B	Cat C	Rehab	
	Sub-Total:					

Name: _____

Date	Accredited CME/CPD Activities (NON-PASSIVE)	Credit Claimable				Copy of Attendance Certificate (Y/N)
		Cat A	Cat B	Cat C	Rehab	
	Sub-Total:					
	TOTAL:					

Name: _____