

CONTINUING EDUCATION REPORT FORM

Please complete all information and return to the MRERF office. Remember to retain a copy of the completed form for your records.

**Name and Designation: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Conference/Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CPMR requires 10 hours of continuing education every year.

CSP requires 20 hours of continuing education every year, half of which can be product specific.

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| --- | --- | --- |
| DATE (S) | SESSION TITLE FOR CONFERENCES | EARNED CEU #/session |
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*CEU Equivalencies:*  **CEU** **TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 1 hour = 1.00

45 min. = 0.75

30 min. = 0.50

15 min. = 0.25

 

*For office use only*

#### Total CEU’s To-Date