

**DIDACTIC LOG SHEET**

**Name** \_\_\_\_\_

Directions: Use this form to document the required 15 hours of Continuing Education. Attach verification.

DATE	SEMINAR TITLE	SPONSOR	DIDACTIC HOURS

  

Print Learning Need	Learning Code	CPE Level Code	CPE Type Code and Name

**Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Summarize How You Benefited From or Will Apply Learning Point(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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