

Continuing Education Record

Name_____

Date Submitted______

Please note:

- Do not include additional documents with continuing education packages i.e. slide decks, certificates, conference agendas, copies of receipts etc. Please maintain documents in your possession and if required they will be requested by the Registrar at a later date.
- Do not fill in the shaded column marked Council Use Only.
- Please fill out the Continuing Education Record using the College of Dietitians of PEI Continuing Education Guidelines for renewal year.

Date	Code	Description of activity and how it is beneficial to your practice	Hours	Council use only





