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| **Continuing Education Activity: Description** | **Date and Times of Activity** | **Seminar, Workshop or Webinar** | **Self- Study** | **Number of****Hours** | **Describe how this activity will help you in your practice**(Self-Study also describe what you learned, attach separate page if necessary) |
| EXAMPLE:Lecture on Carcinoma  | December 2, 2013 @ 3:00pm  | X |  | 3.00 hours | This will help me further my knowledge on specifically Carcinoma, allowing me to better treat patients with such ailment. |
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CMAAC Continuing Education Form

**Instructions:** Fill out each column. For Self-Study list the Title of book/paper, author and year published in the first column and describe content in the last column. For all seminars, workshops or webinars an extra 5 hours is credited for preparation and review. Total # of hours must equal to 15 or more hours. Attach proof of receipt for any workshops, lectures, seminars or webinar.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #: \_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Total Hours** | **(+5 hours for any Seminar/Webinar/Workshop)** |  | **= HOURS** |