



### Professional Development Log

NAME: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Activity/Topic	Date & Location	Learning Outcomes/ Goals	Hours

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You are required to retain the completed log and supporting documents for a period of three (3) years. You will be required to submit the completed log and supporting document for your professional development activities if you are selected for review through the random audit process.